
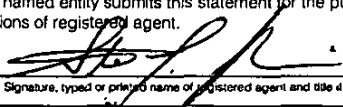
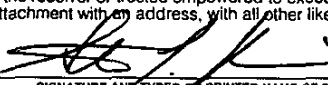


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90028 018 ***150.00

DOCUMENT # P95000072709			
1. Entity Name JORMAC AEROSPACE, INC.			
Principal Place of Business 13130 56TH COURT SUITE 604 CLEARWATER, FL 33760-4018 US		Mailing Address 13130 56TH COURT SUITE 604 CLEARWATER, FL 33760-4018 US	
2. Principal Place of Business 13190 56 th COURT		3. Mailing Address 13190 56 th COURT	
Suite, Apt. #, etc. SUITE 401		Suite, Apt. #, etc. SUITE 401	
City & State CLEARWATER, FL		City & State CLEARWATER, FL	
Zip 33760-4629	Country USA	Zip 33760-4029	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOURDENAIS, STEVEN M 13130 56TH COURT SUITE 604 CLEARWATER, FL 33760-4018		Name JOURDENAIS, STEVEN M Street Address (P.O. Box Number is Not Acceptable) 13190 56 th COURT SUITE 401 City CLEARWATER FL Zip Code 33760	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 30 JAN 06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCALLISTER, MICHAEL R 787 CHERRY BROOKE COURT TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCALLISTER, MICHAEL R 13190 56 th COURT, SUITE 401 CLEARWATER, FL 33760-4029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JOURDENAIS, STEVEN M 11710 PALMER DRIVE TAMPA, FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JOURDENAIS, STEVEN M 13190 56 th COURT, SUITE 401 CLEARWATER, FL 33760-4029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 30 JAN 06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 727-592-0303 x 221	