


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000082692

1. Entity Name
MISSION CONTROLS, INC.



Principal Place of Business
7395 NW 54 CT
FORT LAUDERDALE, FL 33319 US

Mailing Address
7395 NW 54 CT
FORT LAUDERDALE, FL 33319 US

DO NOT WRITE IN THIS SPACE



Q2282004 No Chg-P QR2E034 (10/03)

4. FEI Number
65-0699675

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, DAVID B II
7395 NW 54 CT
FORT LAUDERDALE, FL 33319

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IN THIS SPACE**

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 *David B. Murphy II* DATE *2/28/04*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000074373
03/03/04-80017-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURPHY, TRUDY A 7395 NW 54 CT LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHY, DAVID B II 7395 NW 54 CT FORT LAUDERDALE, FL 33319
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *David B. Murphy II* DATE *2/28/04* DAYTIME PHONE # *954-746-5460*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR