


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #645810</b> 1. Entity Name <b>AEROJET MANAGEMENT CORP.</b>	
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Principal Place of Business <b>2324 BELLEVUE AVE EXT DAYTONA BCH, FL 32114 US</b>	Mailing Address <b>2324 BELLEVUE AVE EXT DAYTONA BCH, FL 32114 US</b>
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**DO NOT WRITE IN THIS SPACE**

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1953419</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**EPLING, ROBY R  
2657 SLOW FLIGHT DR.  
DAYTONA BCH, FL 32124**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD EPLING, ROBY R. 2657 SLOW FLIGHT DRIVE DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS EPLING, MARIA 2657 SLOW FLIGHT DR. DAYTONA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000528376  
05/05/06-80035-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Roby R. Epling* **Roby R. Epling** 04/14/06 386-53888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #