2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90220 005 ***150.00
658759

FILED
05 JUL -8 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 658759

1. Entity Name
MICROWAVE COMPONENTS, INC.

Principal Place of Business	Mailing Address
3171 SE DOMINICA TERR STUART, FL 34997	3171 SE DOMINICA TERR STUART, FL 34997

DO NOT WRITE IN THIS SPACE

06302005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1992444

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCALZO, FRANK T.
3171 SE DOMINICA TERRACE
STE. 5E
STUART, FL 33497

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

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SCALZO, FRANK T.
STREET ADDRESS	4200 COUNTY LINE ROAD
CITY-ST-ZIP	JUPITER, FL
TITLE	S
NAME	SCALZO, COLLEEN
STREET ADDRESS	4200 COUNTY LINE ROAD
CITY-ST-ZIP	JUPITER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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)(i), 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: FRANK T. SCALZO _____ 6/30/5 (772) 286-4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #