

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90130 032 ***150.00

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1. Entity Name
ANALOG MODULES, INC.



Principal Place of Business

126 BAYWOOD AVE
LONGWOOD, FL 32750

Mailing Address

3000 TAFT STREET
HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE



03302006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2074349

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VICTOR, MENDELSON H ESQ.
3000 TAFT STREET
HOLLYWOOD, FL 33021

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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 VC
NAME MENDELSON, VICTOR
STREET ADDRESS 3000 TAFT STREET
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE P
NAME CRAWFORD, IAN D
STREET ADDRESS 126 BAYWOOD AVE
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE DT
NAME IRWIN, THOMAS S
STREET ADDRESS 3000 TAFT STREET
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE S
NAME VETTER, JUDITH W
STREET ADDRESS 3000 TAFT STREET
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE AS
NAME LETENDRE, ELIZABETH R
STREET ADDRESS 3000 TAFT STREET
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE V
NAME HUDSON, WILLIAM
STREET ADDRESS 126 BAYWOOD AVE.
CITY-ST-ZIP LONGWOOD, FL 32750

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #