


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 711737 -

1. Entity Name
 MISSILE, SPACE AND RANGE PIONEERS, INC.



Principal Place of Business PO BOX 254034 PATRICK AFB, FL 32925 US	Mailing Address PO BOX 254034 PATRICK AFB, FL 32925 US
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01162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

ELLIS, STEPHEN A
 535 DELANNOY AVENUE
 COCOA, FL 32922

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 _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000191339 01/24/05-80170-006 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUHLMAN, CHARLES 875 LOGGERHEAD DR. SATELLITE BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECK, DONALD T 817 DIXON BL COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, JERRY M 533 AMHURST CIRCLE WEST SATELLITE BEACH, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOLID, LEE D 765 RIVER OAKS LN MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIENER, SIGMUND A 103 LA COSTA ST # A-6 MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESTERMAN, JOHN W JR 9012 H WEDGEWOOD PL WEST MELBOURNE, FL 32953

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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 617, 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: Sigmund A. Biener **SIGMUND A. BIENER** 16 Jan 05 (321) 725-9048
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #