

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 8:00 am
Secretary of State

02-03-2004 90012 026 ***150.00

DOCUMENT # 855597

1. Entity Name
DYNETICS, INC.



Principal Place of Business

1000 EXPLORER BLVD.
HUNTSVILLE, AL 35806 US

Mailing Address

PO BOX 5500
HUNTSVILLE, AL 35814 US

94009075



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

01232004

Chg-P

CR2E034 (10/03)

4. FEI Number

63-0670881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 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
CEO
BENDICKSON, MARCUS J.
11009 STONE MOUNTAIN DRIVE
HUNTSVILLE, AL 35803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BAUMBACH, THOMAS A
133 INWOOD TRAIL
MADISON, AL 35758 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BARNARD, HERBERT M.
26 ST JAMES SQUARE
HUNTSVILLE, AL 35801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
REYNOLDS, RANDY C
14011 RANDEMERE DR
HUNTSVILLE, AL 35803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DOA
KURTZ, Evelyn
3212 Gaymont Dr
Huntsville, AL 35810 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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)(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:

Evelyn Kurtz Evelyn Kurtz, Director of Accounting
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/04
Date

256-964-4222
Daytime Phone #