

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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. (Initials only.)

(NOTE: Registered Agent signature required when renewing.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 GAYHART DR. HUNTSVILLE AL 35810	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000799380 01/30/08-80066-011 158.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Evelyn Kurtz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08

256-964-1022