

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90011 031 ***550.00

DOCUMENT # F00000004091

1. Entity Name

MICROWAVE COMPONENT MARKETING, INC.



Principal Place of Business

**671 INDIAN RIVER DRIVE
MELBOURNE FL 32935-6936**

Mailing Address

**671 INDIAN RIVER DRIVE
MELBOURNE FL 32935-6936**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4060 S Tropical Trail

4060 S Tropical Trail

City & State

City & State

Merritt Island FL

Merritt Island FL

Zip

Country

Zip

Country

32952

US

32952

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BREWERTON, JOHN LEE III, PA
250 NORTH ORANGE AVENUE, PENTHOUSE SUITE
ORLANDO FL 32801**

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

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 **CP** ☐ Delete
NAME **JONES, CLAUDE M III**
STREET ADDRESS **671 INDIAN RIVER DRIVE**
CITY-ST-ZIP **MELBOURNE FL 32935-6936**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19 321-452-0358
Date Daytime Phone #