

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000000966

1. Entity Name  
SPECTRAL DYNAMICS, INC.



Principal Place of Business  
23008 OAK PRAIRIE CIRCLE  
SORRENTO, FL 32776

Mailing Address  
1010 TIMOTHY DR.  
SAN JOSE, CA 95133

**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number  
33-0316287

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CINCOTTA, ROBERT  
23008 OAK PRAIRIE CIRCLE  
SORRENTO, FL 32776

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

000000071966  
03/01/04-80093-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	TUCKER, JAMES D
STREET ADDRESS	2821 PEBBLE DRIVE
CITY-ST-ZIP	CORONA DEL MAR, CA
TITLE	P
NAME	SLYKHOUS, STEWART J
STREET ADDRESS	22272 DESTILLO STREET
CITY-ST-ZIP	MISSION VIEJO, CA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

2/25/04

408-918-2500