

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2008 08:00 AM
Secretary of State

DOCUMENT # F04000005956

1. Entity Name
ACCELETRONICS SERVICES INC.



Principal Place of Business
602 GORDON DRIVE
EXTON, PA 19341

Mailing Address
602 GORDON DRIVE
EXTON, PA 19341



08072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-3043712
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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, to one 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

08/13/08-80002-024 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
SUMMERS, MIKE
1854 EPLEY ROAD
WILAIMSTON, MI 48895

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
DAY, LARRY
10 HERITAGE TRAIL
PROSPERITY, PA 15329

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TSD
BARBEZAT, COLEEN
602 GORDON DRIVE
EXTON, PA 19341

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
C
SCHWARZ, STEVEN
316 FOREST KNOLL
LAKE BLUFF, IL 60044

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

8/8/08 602-300-3000