

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90005 005 ***150.00

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1. Entity Name
MILITARY COMMERCIAL TECHNOLOGIES, INC.



Principal Place of Business
**485 N. KELLER ROAD, STE. 100
MAITLAND, FL 32751**

Mailing Address
**485 N. KELLER ROAD, STE. 100
MAITLAND, FL 32751**

2. Principal Place of Business - No P.O. Box #
250 Park Avenue South
Suite, Apt. #, etc.
Suite 360

3. Mailing Address
250 Park Avenue South
Suite, Apt. #, etc.
Suite 360

City & State
Winter Park FL

City & State
Winter Park FL

Zip
32789

Country
US

Zip
32789

Country
US

01122007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3429173

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**A.G.C. CO.
200 S. ORANGE AVE., STE. 2300
ORLANDO, FL 32801**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
ROTTENBURG, JASON
485 N. KELLER RD., STE. 100
MAITLAND, FL 32751** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOSEPHS, GENE
485 N KELLER RD., STE 100
MAITLAND, FL 32751** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DUNHAM, JENNIFER
485 N KELLER RD., STE 100
MAITLAND, FL 32751** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**GC
FOUNTAS, CHRISTOPHER N
485 N. KELLER RD., STE. 100
MAITLAND, FL 32751** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WRIGHT, KENNETH C
200 S. ORANGE AVE., STE. 2300
ORLANDO, FL 32801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RODRIQUES, JOAQUIM
485 N KELLER RD., STE 100
MAITLAND, FL 32751** ☐ 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
**D
Josephs, Gene
250 Park Avenue South Suite 360
Winter Park, FL 32789** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Dunham, Jennifer
250 Park Avenue South Suite 360
Winter Park, FL 32789** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
Fountas, Chris
250 Park Avenue South Suite 360
Winter Park, FL 32789** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Wright, Kenneth C
200 S. Orange Avenue, Ste 2300
Orlando, FL 32801** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Rodrigues, Joaquim
250 Park Avenue South Suite 360
Winter Park, FL 32789** ☒ Change ☐ Addition

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

03-01-2007 407.838.1400

Date

Daytime Phone #