

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91032 008 ***150.00

DOCUMENT # F98000006031 1. Entity Name ST. MARKS POWDER, INC.					
Principal Place of Business 7121 COASTAL HIGHWAY CRAWFORDVILLE, FL 32327 US			Mailing Address 10101 9TH ST N. ST PETERSBURG, FL 33716 US		
2. Principal Place of Business 10101 M.L.K. STREET NORTH Suite, Apt. #, etc. ST. PETERSBURG, FL 33716 City & State		3. Mailing Address c/o GENERAL DYNAMICS ORDNANCE AND TACTICAL SYSTEMS 10101 M.L.K. STREET NORTH City & State ST. PETERSBURG, FL 33716 Zip Country			
Zip Country		Zip Country		4. FEI Number 59-3543446 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01212004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent DAMERON, DEL S 10101 9TH ST N. ST PETERSBURG, FL 33716			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DEL S. DAMERON 10101 M.L.K. ST. NORTH City ST. PETERSBURG, FL 33716 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: <u><i>Del S. Dameron</i></u> DATE: <u>4/6/04</u> <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D VEITCH, ARTHUR J 3140 FAIRVIEW PARK DR FALLS CHURCH, VA 22042	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEITCH, ARTHUR J. 3190 FAIRVIEW PARK DRIVE FALLS CHURCH, VA 22042	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORNELL, GUY A 7121 COASTAL HIGHWAY CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILSON, MICHAEL S. 10101 M.L.K. ST. NORTH ST. PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PAIN, GEORGE H 10101 9TH STREET NORTH ST PETERSBURG, FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DAMERON, DEL S. 10101 M.L.K. ST. NORTH ST. PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WHITED, GARY L 10101 9TH STREET N SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WHITED, GARY L. 10101 M.L.K. ST. NORTH ST. PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILSON, MICHAEL S 10101 9TH ST N. ST PETERSBURG, FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORNWELL, GUY A. 7121 COASTAL HIGHWAY CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAVNER, DAVID A 3190 FAIRVIEW PARK DR FALLS CHURCH, VA 22042	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAVNER, DAVID A. 3190 FAIRVIEW PARK DRIVE FALLS CHURCH, VA 22042	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Del S. Dameron</i></u> DEL S. DAMERON, VICE PRESIDENT DATE: <u>4/6/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					