


#150

APPROVAL
AND
FILED

05 APR 28 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F98000006031					
1. Entity Name ST. MARKS POWDER, INC.					
Principal Place of Business 10101 M.L.K ST. NORTH SAINT PETERSBURG, FL 33716 US			Mailing Address C/O GENERAL DYNAMICS ORDNCE/ TC SYS 10101 M.L.K ST BORTH SAINT PETERSBURG, FL 33716 US		
2. Principal Place of Business			3. Mailing Address 10101 MLK ST. NORTH		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-3543446				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAMERON, DEL S 10101 M.L.K ST. NORTH SAINT PETERSBURG, FL 33716			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 <u><i>Del S. Dameron</i></u> 4/15/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 3190 FAIRVIEW PARK DR. FALLS CHURCH, VA 22042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Veitch, Arthur 2941 Fairview Dr., Suite 100 Falls Church, VA 22042-4513 <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	900054343959 05/12/05--01078--005 ***791.25 <input 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Del S. Dameron 10101 Dr. MLK St North St. Petersburg, FL 33716 <input type="checkbox"/> Change <input checked="" 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 Dr. MLK 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	DP Wilson, Michael S. 10101 Dr. MLK St North St. Petersburg, FL 33716 <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. 2941 Fairview Park Dr., Suite 100 Falls Church, VA 22042-4513 <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 4/15/05 727-578-2340 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					