

**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # H14838

1. Entity Name
**DIVERSIFIED AERONAUTICAL SUPPLY & HARDWARE,
INC.**



Principal Place of Business
1620 S WASHINGTON AVE
TITUSVILLE, FL 32780

Mailing Address
1620 S WASHINGTON AVE
TITUSVILLE, FL 32780



07142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2429621

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PARLOTTO, LINDA
5508 RIVER OAKS DRIVE
TITUSVILLE, FL 32870

**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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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 - ST - ZIP
PDT
REED, MARK A
3855 ESSEX STREET
TITUSVILLE, FL 32796

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
REED, CHERYL
3855 ESSEX STREET
TITUSVILLE, FL 32796

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
PARLOTTO, JASON
5508 RIVER OAKS CIR
TITUSVILLE, FL 32780

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000375137
08/01/05-80008-004 150.00

**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)(f), 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: *Mark A Reed*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 JULY 2005 **321-269-8417**
Date Daytime Phone #