


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # H78418 1. Entity Name SPACE CONCEPTS, INC.	
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Principal Place of Business 2281 CARMEN DR. SOUTH DAYTONA, FL 32119	Mailing Address 595 W. GRANADA BLVD. SUITE B ORMOND BEACH, FL 32174
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04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2593656	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 SICILIAN, MARY K 796 RIVERSIDE DR ORMOND BCH, FL 32176

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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 retaking) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	P MILES, BENNY G 595 W GRANADA BLVD STE B ORMOND BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SICILIAN, MARK K 595 W GRANADA BLVD STE B ORMOND BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILES, BERNADINE 595 W GRANADA BLVD STE B ORMOND BCH, FL
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05/04/05-80077-022 150.00

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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)(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: Mary K. Sicilian Director 4/27/05 386-846-2405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #