

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L32949

1. Entity Name
TRONOPTICS CORPORATION



Principal Place of Business
5660 S. LAKE BURKETT LANE
WINTER PARK, FL 32792

Mailing Address
5660 S. LAKE BURKETT LANE
WINTER PARK, FL 32792



01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2981138

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARTER, W. A.
6120 CASTLEWOOD LANE
ORLANDO, FL 32808

**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 reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDV
LEDBETTER, HOWARD
5660 S. LAKE BURKETT LN
WINTER PARK, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
LEDBETTER, HOWARD
5660 S. LAKE BURKETT LN
WINTER PARK, FL

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NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000000214542
02/04/05-80017-006 150.00

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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)(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: *Howard Ledbetter* *Howard Ledbetter* *Feb 4, 2005*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #