

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90137 050 ***150.00

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

00000001



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

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

7. Name and Address of New Registered Agent

Name: THOMAS R. KENNEY

Street Address (P.O. Box Number is Not Acceptable)
2301 CONIFER AVE

City: WINTER PARK FL Zip Code: 32792

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: THOMAS R. KENNEY (NOTE: Registered Agent signature required when reinstating)

DATE: 3/14/06

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

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

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STREET ADDRESS:
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CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 March 15, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #