


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90084 014 ****70.00

DOCUMENT # N00000001982
 1. Entity Name
X-STATIC ENTERPRISES INC.



Principal Place of Business Mailing Address
1325 COMMERCE DR **PO BOX 413**
P.O. BOX 413 **MILTON FL 32572**
MILTON FL 32572

50021587



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
3497 MELISSA LANE **3497 MELISSA LANE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CRESTVIEW FLORIDA **CRESTVIEW, FLORIDA**
 Zip Country Zip Country
32539 USA **32539 USA**

4. FEI Number **NO-T APPLICABLE** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RUSTAND, KORY
450 S HWY 29
CANTONMENT FL 32533

7. Name and Address of New Registered Agent
 Name **KORY RUSTAND**
 Street Address (P.O. Box Number is Not Acceptable)
3497 MELISSA LANE
 City **CRESTVIEW** FL Zip Code **32539**

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 *Kory Rustand* **KORY RUSTAND** 2/20/05 DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW - FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RUSTAND, JON A	
STREET ADDRESS	1325 COMMERCE DR	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	T	<input type="checkbox"/> Delete
NAME	HILL, PAUL	
STREET ADDRESS	1325 COMMERCE DR	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRIFFIN, MICHAEL	
STREET ADDRESS	1325 COMMERCE DR	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	T	<input type="checkbox"/> Delete
NAME	SALVI, JOHN	
STREET ADDRESS	1325 COMMERCE DR.	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	T	<input type="checkbox"/> Delete
NAME	LYON, JUANITA	
STREET ADDRESS	1325 Commerce Drive	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYON, JUANITA	
STREET ADDRESS	1325 Commerce Drive	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: *Jon A. Rustand* **Jon A. Rustand** 2/20/05 309-218-7778
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #