

NON PROFIT
**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

370.00

DOCUMENT # N95000000004	
1. Entity Name SPACE COAST INDUSTRIAL FLIGHT PARK INC. 938 HIALEAH STR. ROCKLEDGE FL 32955	

FILED
07 JUN 12 PM 3:12

Principal Place of Business 500 BARNES BLVD. ROCKLEDGE FL 32955	Mailing Address BALZ FEINER C/O SPACE COAST INDUSTRIAL FLIGHT PARK, / 938 HIALEAH STR. ROCKLEDGE, FL 32955
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2. Principal Place of Business 500 BARNES BLVD. ROCKLEDGE, FL 32955 Suite, Apt. #, etc.	3. Mailing Address BALZ FEINER, C/O 938 HIALEAH STR. Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/04)

City & State ROCKLEDGE, FL	City & State ROCKLEDGE, FL
Zip 32955	Country BREVARD
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4. FEI Number 59-3287232	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FEINER, BALZ C/O 938 HIALEAH STR. ROCKLEDGE, FL 32955	
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7. Name and Address of New Registered Agent	
Name	City
Street Address (P.O. Box Number is Not Acceptable)	
Zip Code	

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: BALZ FEINER
(NOTE: Registered Agent signature required when reappointing)

FIRE NOW!!! FEE IS \$150.00 After May 11, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees
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10. OFFICERS AND DIRECTORS																									
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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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: BALZ FEINER 6-9-07 (320) 960-4922