

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90037 013 ***150.00

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1. Entity Name
CYBERNASTICS INC.



Principal Place of Business
**6007 N TROPICAL TRAIL
MERRITT ISLAND, FL 32953**

Mailing Address
**6007 N TROPICAL TRAIL
MERRITT ISLAND, FL 32953**

DO NOT WRITE IN THIS SPACE



03262005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1085560

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ETHERIDGE, BRIAN N
6007 N TROPICAL TRAIL
MERRITT ISLAND, FL 32953**

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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 reinstating)

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 PD
NAME ETHERIDGE, DIANA C
STREET ADDRESS 6007 N TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE VD
NAME ETHERIDGE, BRIAN N
STREET ADDRESS 6007 N TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE D
NAME GARDNER, JULIE K
STREET ADDRESS 3960 RANEY ROAD
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *B. Etheridge*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(BRIAN ETHERIDGE)

3-27-05 (321) 453-8765

Date

Daytime Phone #