


**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90322 037 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P0000088287**  
 1. Entity Name  
**GROUND CONTROL, INC.**



Principal Place of Business  
**321 HARBOR DR.**  
**POMPANO BEACH, FL 33062**

Mailing Address  
**321 HARBOR DR.**  
**POMPANO BEACH, FL 33062**

**14013564**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

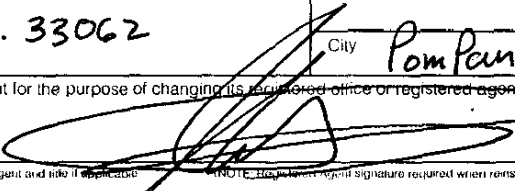
3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04092004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**Tomassetti, John**  
**321 Harbor Dr.**  
**Pompano Beach, FL. 33062**

7. Name and Address of New Registered Agent  
 Name **Tomassetti, John**  
 Street Address (P.O. Box Number is Not Acceptable)  
**321 Harbor Dr.**  
 City **Pompano Beach** FL Zip Code **33062**

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.

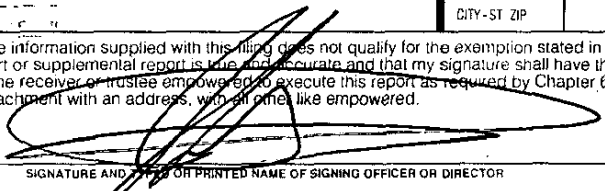
SIGNATURE:  **John Tomassetti** 04/27/04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Block 11 requires agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOMASSETTI, JOHN 321 HARBOR DR. POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **04/27/04** 954 461 5646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #