

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90007 040 ***150.00



DOCUMENT # P02000103088
 1. Entity Name
SPACE COAST PROTECTION, INC.

Principal Place of Business
**8501 RIDGEWOOD AVE.
 SUITE 11
 CAPE CANAVERAL, FL 32920**

Mailing Address
**8501 RIDGEWOOD AVE.
 SUITE 11
 CAPE CANAVERAL, FL 32920**

2. Principal Place of Business
1385 GLEN HAVEN DR.

3. Mailing Address
1385 GLEN HAVEN DR.

Suite, Apt. #, etc.

City & State
Merritt Island, FL

City & State
Merritt Island, FL

Zip
32952 Country



05272005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**RESCHKE, MARY
 8501 RIDGEWOOD AVE.
 SUITE 11
 CAPE CANAVERAL, FL 32920**

4. FEI Number
16-1630501

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
Mary Reschke
 Street Address (P.O. Box Number is Not Acceptable)
1385 GLEN HAVEN DR.
 City
Merritt Island FL Zip Code
32952

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 *Mary Reschke* DATE **5/27/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RESCHKE, MARY 8501 RIDGEWOOD AVE., SUITE 11 CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARY RESCHKE 1385 GLEN HAVEN DR. MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 another like empowered.

SIGNATURE: *Mary Reschke* DATE **05/27/05** DAYTIME PHONE # **321-543-5995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR