

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000003482

1. Entity Name
AEROCOMP PERFORMANCE, INC.



Principal Place of Business
**4205 ST JOHNS PKWY
SANFORD, FL 32771**

Mailing Address
**4205 ST JOHNS PKWY
SANFORD, FL 32771**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1669861	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AUSTIN, CYNTHIA L
116 ROSS LAKE LN
SANFORD, FL 32771**

**DO NOT WRITE
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VTs
NAME	AUSTIN, CYNTHIA L
STREET ADDRESS	116 ROSS LAKE LNE
CITY-ST-ZIP	SANFORD, FL 32771

TITLE	P
NAME	AUSTIN, CURTIS G
STREET ADDRESS	116 ROSS LK LN
CITY-ST-ZIP	SANFORD, FL 32771

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/07-80035-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Cynthia L Austin **CYNTHIA L AUSTIN**

4-11-07

407-330-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #