2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

04-23-2004 90235 004 ***150.00

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01062004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000044840

1. Entity Name
ROTRAN SIMULATOR LOGISTICS, INC.

Principal Place of Business	Mailing Address
338 N ORANGE AVE ORLANDO, FL 32801	338 N ORANGE AVE ORLANDO, FL 32801

2. Principal Place of Business	3. Mailing Address
2692 West Lake Mary Blvd.	2692 West Lake Mary Blvd
Suite, Apt. #, etc.: Suite 1000	Suite, Apt. #, etc.: Suite 1000
City & State: Lake Mary, Florida	City & State: Lake Mary, Florida
Zip: 32746 Country: USA	Zip: 32746 Country: USA

4. FEI Number: 98-0426425 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MEDLIN, SHARRON 338 N ORANGE AVE ORLANDO, FL 32801	Name: Medlin, Sharron Street Address (P.O. Box Number is Not Acceptable): 2692 West Lake Mary Blvd. Suite 1000 City: Lake Mary FL Zip Code: 32746

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

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	D STOCKWELL, ROGER 338 N ORANGE AVE ORLANDO, FL 32801 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2692 West Lake Mary Blvd., Ste. 1000 Lake Mary, Florida 32746
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Roger Stockwell 19.4.04 +44 1234 831000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

6/04/2003

#P03000044840

The Medlin Group, LLC

MEMO

FROM THE DESK OF ***SHARRON MEDLIN***

TO *DEPT of STATE* Date

EIN's NOT Received until JUNE 1 Due to New federal Rules Regarding NONRESIDENT ALIEN Shareholders who do not have Social security numbers OR ITIN numbers.

We did the best we could, AND you got the money on Time.

If you need ANY Additional info, please call me.

Sharron Medlin
407-268-4100