

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105823

FILED
May 02, 2004
Secretary of State

Entity Name: UNMANNED SYSTEMS APPLICATIONS, INC.

Current Principal Place of Business:

1510 SOUND RETREAT DRIVE
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

PO BOX 37
MARY ESTHER, FL 32569

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORNSBY, HOWARD
1510 SOUND RETREAT DRIVE
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HORNSBY, HOWARD
Address: 1510 SOUND RETREAT DR.
City-St-Zip: NAVARRE, FL 32566

Title: V () Delete
Name: SPRAGUE, KAREN
Address: 1510 SOUND RETREAT DRIVE
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD HORNSBY

P

05/02/2004

Electronic Signature of Signing Officer or Director

Date