2005 FOR PROFIT CORPORATION

May 02, 2005 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # P04000017986 05-02-2005 90548 033 ***150.00 GROUND CONTROL MAINTENANCE OF VERO BEACH. Principal Place of Business Mailing Address 14014968 10026 18TH PLACE 10026 18TH PLACE VERO BEACH, FL 32966 VERO BEACH, FL 32966 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Sulte, Apt. #, etc. 04252005 CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 16/4560 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TURNAGE, DUSTIN R Street Address (P.O. Box Number is Not Acceptable) 10026 18TH PLACE VERO BEACH, FL 32966 City Zin Code 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 apolicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition TURNAGE, DUSTIN R NAME NAME STREET ADDRESS 10026 18TH PLACE STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32966 CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition TURNAGE, DUSTIN R NAME NAME STREET ADDRESS 10026 18TH PLACE STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32966 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME TURNAGE, DUSTIN R NAME STREET ADDRESS 10026 18TH PLACE STREET ADDRESS CITY-ST-7IP VERO BEACH, FL 32966 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition TURNAGE, DUSTIN R NAME NAME STREET ADDRESS 10026 18TH PLACE STREET ADDRESS VERO BEACH, FL 32966 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 factor 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 true tree incompowered 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 organ attachment with an address, with a other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Daytime Phone #

☐ Снапое

☐ Addition

FILED