2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000014318

1. Entity Name
MISSILE SYSTEMS ENGINEERING, INC.

Principal Place of Business	Mailing Address
181 MONTELLUNA DRIVE N. VENICE, FL 34275	181 MONTELLUNA DRIVE N. VENICE, FL 34275

07022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2236327
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORRISON, KATHLEEN M
181 MONTELLUNA DRIVE
N. VENICE, FL 34275

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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 $550.00
Due by September 14, 2007

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

U00000767032
07/05/07-80007-014 550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORRISON, ALFRED M
STREET ADDRESS	181 MONTELLUNA DRIVE
CITY-ST-ZIP	N. VENICE, FL 34275
TITLE	D
NAME	MORRISON, KATHLEEN M
STREET ADDRESS	181 MONTELLUNA DRIVE
CITY-ST-ZIP	N. VENICE, FL 34275
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Kathleen Morrison KATHLEEN MORRISON 7/2/2007 941-485-8319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #