## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

RALPH E. KENNERKNECHT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

SIGNATURE:

## Feb 17, 2005 08:00 AM DOCUMENT # P93000002177 1. Entity Name **Secretary of State** GLOBAL AEROTECH, INC. Principal Place of Business Mailing Address C-7 / 2885 ELECTRONICS DRIVE C-7 / 2885 ELECTRONICS DRIVE MELBOURNE FL 32935 US MELBOURNE FL 32935 2. Principal Place of Business 3. Mailing Address SAME SAME Suite, Apt #, etc Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number City & State City & State Applied For 59-3158340 Not Applicable Ζip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAME KENNERKNECHT, RALPH E Street Address (P.O. Box Number is Not Acceptable) C-7 / 2885 ELECTRONICS DRIVE MELBOURNE FL 32935 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ah RALPH E. KENNERKNECHT FEB. 15, 2005 SIGNATURE Signature, typed or printed name of registered agent and title if applicable d when reinstaling Agont signature rec FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Delete Change KENNERKNECHT, RALPH E NAME C-7 / 2885 ELECTRONICS DRIVE STREET ADDRESS STREET ADDRESS SAME MELBOURNE FL 32935 CITY ST-7P CITY-ST-ZIP TITLE Delete THE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS U000000232911 CITY-ST-ZIP CHY-ST-ZIP 02/17/05-80009-023 150.00 ☐ Delete THE Change ☐ Addition HILE NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-ZIP HILE Delete FULF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP Change ☐ Addition TUEF TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EDIY-SI-ZIP HILL ☐ Defete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7E City-St ZIP 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

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