2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000025557

1. Entity Name
EXOSCOPE DESIGN & FABRICATION, INC.

Principal Place of Business	Mailing Address
119 COMMERCE WAY SUITE C SANFORD, FL 32771-3085 US	119 COMMERCE WAY SUITE C SANFORD, FL 32771-3085 US

01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3240414
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FREELAND, SCOTT
119 COMMERCE WAY
SUITE C
SANFORD, FL 32771-3085

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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 $150.00
After May 1, 2005 Fee will be $550.00

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

U00000296818
04/11/05-80003-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MICKLON, WILLIAM
STREET ADDRESS	2833 W. LAUREEN STREET
CITY-ST-ZIP	LECANTO, FL 32725
TITLE	DP
NAME	FREELAND, SCOTT
STREET ADDRESS	1894 NORTH NORMANDY
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	ST
NAME	FREELAND, MEGAN
STREET ADDRESS	1894 NORTH NORMANDY BLVD.
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 04-01-05 407-324-1146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #