2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000089964

1. Entity Name
AEROMECH, INC.

Principal Place of Business	Mailing Address
3454 AIRFIELD DR. W SUITE 1 LAKELAND, FL 33811	3454 AIRFIELD DR. W SUITE 1 LAKELAND, FL 33811

DO NOT WRITE IN THIS SPACE

01062006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3273642	Not Applicable

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

6. Name and Address of Current Registered Agent

WILLAFORD, KEN
3454 AIRFIELD DR W
STE 1
LAKELAND, FL 33811

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLAFORD, KEN
STREET ADDRESS	3454 AIRFIELD DR W.
CITY-ST-ZIP	LAKELAND, FL 33811

TITLE	D
NAME	BULL, WILLIAM
STREET ADDRESS	3454 AIRFIELD DR. W.
CITY-ST-ZIP	LAKELAND, FL 33811

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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NAME	
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CITY-ST-ZIP	

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01/19/06-80010-020 150.00

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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: _Ken Willaford_   _1/12/06_   _863-619-8133_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #