

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90038 050 ***150.00

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1. Entity Name

ORDNANCE TECHNOLOGY ASSOCIATES, INC.



Principal Place of Business

9493 PUCKETT ROAD
PERRY FL 32348

Mailing Address

9493 PUCKETT ROAD
PERRY FL 32348

2. Principal Place of Business

414 N. ORANGE ST

Suite, Apt. #, etc.

3. Mailing Address

414 N. ORANGE Street

Suite, Apt. #, etc.

City & State

Perry, FL

Zip

32347

Country

USA

City & State

Perry, FL

Zip

32347

Country

USA

4. FEI Number

59-3314122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, EVA C
414 NORTH ORANGE STREET
PERRY FL 32347

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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 applicable

EVA C JONES

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-5

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME JONES, EVA C ☐ Delete
STREET ADDRESS 414 N. ORANGE ST.
CITY-ST-ZIP PERRY FL 32347

TITLE CEVP ☒ Delete
NAME LILLIOTT, EDWARD L SR
STREET ADDRESS 106 WEST ASH STREET
CITY-ST-ZIP PERRY FL 32347

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVA C JONES

1-28-5

850-584-3525

Date

Daytime Phone #