

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000017803

Entity Name: VOYAGER CONTROLS, INC.

FILED  
Mar 11, 2009  
Secretary of State

## Current Principal Place of Business:

433 PLAZA DRIVE  
TARPON SPRINGS, FL 34689

## New Principal Place of Business:

## Current Mailing Address:

100 GULFWINDS DR. W  
TARPON SPRINGS, FL 34683

## New Mailing Address:

433 PLAZA DRIVE  
TARPON SPRINGS, FL 34689

FEI Number: 59-3316973

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SLATER, FREDERICK M  
100 GULFWINDS DRIVE WEST  
PALM HARBOR, FL 34683 US

## Name and Address of New Registered Agent:

SLATER, FREDERICK M  
433- PLAZA DRIVE  
TARPON SPRINGS, FL 34689 US

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.

SIGNATURE:

03/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: STD ( ) Delete  
Name: SLATER, FREDERICK M  
Address: 100 GULFWINDS DRIVE WEST  
City-St-Zip: PALM HARBOR, FL 34683

Title: PD ( ) Delete  
Name: SLATER, EDITH M  
Address: 100 GULFWINDS DRIVE WEST  
City-St-Zip: PALM HARBOR, FL 34683

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition  
Name: SLATER, FREDERICK M  
Address: 433- PLAZA DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: PD (X) Change ( ) Addition  
Name: SLATER, EDITH M  
Address: 433- PLAZA DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDITH M. SLATER

PD

03/11/2009

Electronic Signature of Signing Officer or Director

Date