## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000043893

Title:

Name: Address:

City-St-Zip:

Entity Name: SPACE AGE STRUCTURES, INC

FILED Mar 30, 2009 Secretary of State

y		2 011100101120, 1110.				
Current Principal Place of Business:			New	New Principal Place of Business:		
698 TARA FARMS DRIVE MIDDLEBURG, FL 32068				TARA FARMS DRIVE DLEBURG, FL 32068		
Current Ma	ailing Address	:	New	Mailing Address:		
698 TARA FARMS DRIVE MIDDLEBURG, FL 32068				TARA FARMS DRIVE DLEBURG, FL 32068		
FEI Number:	59-3373359	FEI Number Applied For ( )	FEI Number No	ot Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name	Name and Address of New Registered Agent:		
MANTOR, MELINDA 698 TARA FARMS MIDDLEBURG, FL 32068 US				TOR, MELINDA FARA FARMS DRIVE DLEBURG, FL 32068		
The above in the State		bmits this statement for the pu	rpose of chan	ging its registered of	fice or registered agent, or both,	
SIGNATURE:				03/30/2009		
Electronic Signature of Registered Agent					Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () D MANTOR, THOMA 698 TARA FARMS MIDDLEBURG, F	DRIVE	Title: Name: Addres City-S	ss:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VDST () D MANTOR, MELINI 698 TARA FARMS MIDDLEBURG, F	DA S DRIVE	Title: Name: Addres City-S	ss:	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () C COLEMAN, JAME 4325 BANKS RD. MIDDLEBURG, F		Title: Name: Addres City-S	ss:	Change ( ) Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MELINDA MANTOR DS 03/30/2009

() Delete

DELEON SPRINGS, FL 32130

TAYLOR, JOHN F JR

1255 CHEROKEE DR.

() Change () Addition