

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000090875

1. Entity Name

ARMOR TECH INDUSTRIES, INC.



Principal Place of Business

15271-8 MCGREGOR BLVD
8
FT MYERS FL 33908

Mailing Address

15271-8 MCGREGOR BLVD
8
FT MYERS FL 33908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2ED34 (10/05)

4. FEI Number

65-0708250

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FUSCO, SABBATH
8188 SAN CARLOS BLVD
FT MYERS FL 33908

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 ☐ Delete
NAME P
STREET ADDRESS FUSCO, SABBATH
CITY-ST-ZIP 8244 PENNSYLVANIA BLVD.
FORT MYERS FL 33912

TITLE ☐ Delete
NAME V
STREET ADDRESS ACKERMAN, RAYMOND
CITY-ST-ZIP 8188 SAN CARLOS BLVD
FT MYERS FL 33908

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 ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP
UD0000456403
03/16/06-80022-023 150.00

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

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Sabbath Fusco

2-28-06

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489-226