

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90001 047 ***150.00

DOCUMENT # P96000096591 1. Entity Name SPACE GROUND SYSTEM SOLUTIONS, INC.					
Principal Place of Business: 1942 S DAIRY RD WEST MELBOURNE, FL 32904 US				Mailing Address: 2263 W NEW HAVEN AE SUITE 384 W MELBOURNE, FL 32904 US	
2. Principal Place of Business 4343 Fortune Place Suite, Apt. #, etc. Suite C City & State W. Melbourne FL Zip 32904 Country Brevard		3. Mailing Address 4343 Fortune Place Suite, Apt. #, etc. Suite C City & State W. Melbourne FL Zip 32904 Country Brevard			
4. FEI Number 59-3415560				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, J. PATRICK % FRESE, NASH & TORPY, P.A. 930 S. HARBOR CITY BLVD., SUITE 505 MELBOURNE, FL 32901			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORMALA, ROBERT S 5081 TALLWOOD CIRCLE WEST MELBOURNE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CACCIAGLIA, DAVID J 818 STONE AVE. WALDORF, MD	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, BRIAN 510 GLENWOOD AVE. SATELLITE BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FULLER, GARRY W 6142 SIMMS DR LA PLATA, MD 20646	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <u><i>Robert S. Tormala</i></u> ROBERT S. TORMALA 3/9/04 821-956-8200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		