

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000045211**

1. Entity Name  
MT-PROPELLER USA, INC.



Principal Place of Business  
1180 AIRPORT TERMINAL DRIVE  
DELAND, FL 32724 US

Mailing Address  
1180 AIRPORT TERMINAL DRIVE  
DELAND, FL 32724 US



03032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3469948

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BAUER, KIRK T ESQ  
223 SOUTH WOODLAND BOULEVARD  
DELAND, FL 32721

**DO NOT WRITE  
IN THIS SPACE**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11000000479045  
04/08/06-80029-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MUHLBAUER, GERD  
STREET ADDRESS 1180 AIRPORT TERMINAL DR  
CITY-ST-ZIP DELAND, FL 32724

TITLE VPD  
NAME MUHLBAUER, MICHAEL L  
STREET ADDRESS 1180 AIRPORT TERMINAL DR  
CITY-ST-ZIP DELAND, FL 32724

TITLE STD  
NAME MUHLBAUER, RENATE D  
STREET ADDRESS 1180 AIRPORT TERMINAL DR  
CITY-ST-ZIP DELAND, FL 32724

TITLE VP  
NAME ZAHNER, JUERGEN  
STREET ADDRESS 1180 AIRPORT TERMINAL DR  
CITY-ST-ZIP DELAND, FL 32724

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 507, 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(386) 736-7762**  
**MARCH 09, 2006**  
Date Daytime Phone #