


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000057314</b>	
1. Entity Name REMEC CORPORATION	

Principal Place of Business 2709 SW 27 AVE #101 OCALA, FL 34475 US	Mailing Address 2709 SW 27 AVE #101 OCALA, FL 34475 US
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3458877	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.  
 3732 N.W. 16TH STREET  
 FORT LAUDERDALE, FL 33311

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ENGLISH, KATHRYN J 5531 S.W. 8TH COURT GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTP OUBRE, MARY ANN 2709 SW 27 AVENUE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000378299  
 09/16/05-80002-004 550.00

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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: Mary Ann J. Oubre MARY ANN J- OUBRE 9/13/05 352-861-0011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #