## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 17, 2005 08:00 AM Secretary of State DOCUMENT # P98000067731 1. Entity Name COMMAND TECHNOLOGY, INC. Principal Place of Business Mailing Address 6271 DUPONT STATION CT E JACKSONVILLE, FL 32217 6271 DUPONT STATION CT. E. JACKSONVILLE, FL 32217 03142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3544165 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WADLEY, CHRISTOPHER R DO NOT WRITE 11737 WATTLE TREE RD. N. JACKSONVILLE, FL 32246 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME WADLEY, CHRISTOPHER R STREET ADDRESS 11737 WATTLE TREE RD N CITY-ST-ZIP JACKSONVILLE, FL 32248 TITLE NAME 03/17/05-80053-003 150.00 STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP **HILE** IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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.

CICMATUDE.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

Medley

03/14/05 (904)553-3840

FILED