

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000069307

FILED
Apr 25, 2005
Secretary of State

Entity Name: HYDROSPACE ENGINEERING, INC.

Current Principal Place of Business:

6920 CYPRESS LAKE CT
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

6920 CYPRESS LAKE CT
SAINT AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-3533063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSER, C N
3304 SW 4TH CT
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

MOSER, C N
2542 SW 14TH DR.
GAINESVILLE, FL 32608 US

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.

SIGNATURE:

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MELTON, AUBREY E III
Address: 6920 CYPRESS LAKE CT
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VD () Delete
Name: FOWLER, PHILIP A PH
Address: 310 34 ST
City-St-Zip: MERRITT ISLAND, FL 32953

Title: STD () Delete
Name: MELTON, BECKI D
Address: 6920 CYPRESS LAKE CT
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: FOWLER, PHILIP A PH
Address: 312 3RD ST
City-St-Zip: MERRITT ISLAND, FL 32953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUBREY E. MELTON III

PD

04/25/2005

Electronic Signature of Signing Officer or Director

Date