## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P98000080105**

Entity Name
 SANTIS ENGINEERING, INC.



FILED
Mar 27, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

7011 NORTH ATLANTIC AVENUE #101 CAPE CANAVERAL, FL 32920

7011 NORTH ATLANTIC AVENUE #101 CAPE CANAVERAL, FL 32920



03212007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3530715

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTIS, GEORGE 7011 NORTH ATLANTIC AVENUE #101 CAPE CANAVERAL, FL 32920

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	e named entity submits this statement for the particles of registered agent.	ourpose of changing its register	ed office or re	gistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Sonature, typed or printed name of registered agent and title	4			
	Signature, typed or primate name of regularies agent and the	# applicable. (NOTE: Registere	id Agent agneture i	required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution.			
10.	OFFICERS AND DIREC	CTORS	T		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTIS, GEORGE 7011 NORTH ATLANTIC AVENUE #1 CAPE CANAVERAL, FL 32920	01			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000680568 04/04/07-80005-001 163.7
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADORESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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 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** 

STREET ADORESS

Johnson

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3/21/07

321-868-6340