

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000024334

FILED
Mar 31, 2007
Secretary of State

Entity Name: APTRONICS COMMUNICATION DEPOT, INC.

Current Principal Place of Business:

1905 SOUTH BAY STREET
EUSTIS, FL 32726

New Principal Place of Business:

2605 STATE ROAD 19
TAVARES, FL 32778

Current Mailing Address:

1905 SOUTH BAY STREET
EUSTIS, FL 32726

New Mailing Address:

P. O. BOX 895069
LEESBURG, FL 34789

FEI Number: 59-3563199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRENNEIS, PATRICIA
34704 RADIO RD
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRENNEIS, PATRICIA A
Address: 34704 RADIO ROAD
City-St-Zip: LEESBURG, FL 34788

Title: D () Delete
Name: BRENNEIS, ANDREW L
Address: 34704 RADIO ROAD
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Chapter 119, 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: PATRICIA A. BRENNEIS

PRES

03/31/2007

Electronic Signature of Signing Officer or Director

Date