

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000035043

1. Entity Name
SCIENTIFIC TECHNOLOGY APPLIED RESEARCH, INC.



Principal Place of Business
1022 NW 2ND ST
GAINESVILLE, FL 32601

Mailing Address
1022 NW 2ND ST
GAINESVILLE, FL 32601

**FILED
Apr 26, 2006 8:00 am
Secretary of State**

04-26-2006 90225 050 ***150.00

50016525



03162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3588171	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GUSTAFSON, BO
1928 NW 10TH TERRACE
GAINESVILLE, FL 32609

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME GUSTAFSON, BO
STREET ADDRESS 1928 NW 10TH TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(352) 331-7841

Daytime Phone #

Date