

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S92621

FILED  
Mar 05, 2007  
Secretary of State

Entity Name: AEROTRON-REPCO SYSTEMS, INC.

## Current Principal Place of Business:

1051 WINDERLEY PLACE  
SUITE 205  
MAITLAND, FL 32779 US

## New Principal Place of Business:

## Current Mailing Address:

1051 WINDERLEY PLACE  
SUITE 205  
MAITLAND, FL 32779 US

## New Mailing Address:

FEI Number: 59-3094477      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CARY, CHRISTINE  
1051 WINDERLEY PLACE  
SUITE 205  
MAITLAND, FL 32779 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: DCOP ( ) Delete  
Name: KOSTANTINIDIS, ANTHONY N  
Address: 6705 FAIRVIEW COVE  
City-St-Zip: ORLANDO, FL 32808

Title: VPST ( ) Delete  
Name: CARY, CHRISTINE  
Address: 242 CAMBRIDGE DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: DCOP ( ) Delete  
Name: MC MAHON, ROBERT W  
Address: 1900 ALAQUA DR.  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CHRISTINE CARY

VPST

03/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date