

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 455281

**Entity Name:** IAP WORLD SERVICES, INC.

**Current Principal Place of Business:**

7315 N. ATLANTIC AVE  
CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

7315 N. ATLANTIC AVE  
CAPE CANAVERAL, FL 32920 US

**FEI Number:** 59-1575859

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title SECRETARY, VP, DIRECTOR  
Name CRAIG, DAVID  
Address 7315 N. ATLANTIC AVE  
City-State-Zip: CAPE CANAVERAL FL 32920

Title DIRECTOR, CHAIRMAN  
Name DEROSA, TERRENCE JR.  
Address 7315 N. ATLANTIC AVE  
City-State-Zip: CAPE CANAVERAL FL 32920

Title TREASURER  
Name MCGUIRE, KIM  
Address 7315 N. ATLANTIC AVE  
City-State-Zip: CAPE CANAVERAL FL 32920

Title ASSISTANT SECRETARY  
Name TREPANIER, MICHELLE  
Address 7315 N. ATLANTIC AVE  
LEGAL DEPT.  
City-State-Zip: CAPE CANAVERAL FL 32920

Title DIRECTOR, PRESIDENT  
Name HARGIS, ROB  
Address 7315 N. ATLANTIC AVENUE  
City-State-Zip: CAPE CANAVERAL FL 32920

*I hereby 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 all other like empowered.*

**SIGNATURE:** MICHELLE TREPANIER

**ASSISTANT SECRETARY 04/09/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date