


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90063 023 ****61.25

DOCUMENT # 761292	
1. Entity Name R.C. BUSH PILOTS OF PALM BEACH COUNTY, INC.	

Principal Place of Business 725 HUMMINGBIRD WAY #114 NORTH PALM BEACH, FL 33408 US	Mailing Address 725 HUMMINGBIRD WAY #114 NORTH PALM BEACH, FL 33408 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03182004 Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent
WISE, TED 725 HUMMINGBIRD WAY #114 NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 *Ted Wise* DATE 4-2-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	SINCLAIR, STEVE
STREET ADDRESS	1055 VIA JARDIN
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	VP <input type="checkbox"/> Delete
NAME	WISE, TED
STREET ADDRESS	725 HUMMINGBIRD WAY #114
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	S <input type="checkbox"/> Delete
NAME	FOSTER, HAROLD
STREET ADDRESS	120 GREENPOINT CIRCLE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	T <input type="checkbox"/> Delete
NAME	YONESCU, BILL
STREET ADDRESS	9882 SE OSPREY POINTE DR.
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	D <input type="checkbox"/> Delete
NAME	RHOADS, GRANVILLE
STREET ADDRESS	309 CIRCLE W.
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	D <input type="checkbox"/> Delete
NAME	DICKERSON, ANDREW
STREET ADDRESS	6390 197TH PLACE N
CITY-ST-ZIP	JUPITER, FL 33450

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, TED
STREET ADDRESS	725 HUMMINGBIRD WAY, #114
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINCLAIR, STEVE
STREET ADDRESS	1055 VIA JARDIN
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: *Ted Wise* DATE 4-2-04 DUTY PHONE # 561 840-7697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR