


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 31, 2004 8:00 am**  
**Secretary of State**

08-31-2004 90003 017 \*\*\*150.00

**DOCUMENT # F95000002240**

1. Entity Name  
**MAGIC CARPET AVIATION, INC.**



Principal Place of Business  
**4225 EXECUAIR ST  
 ORLANDO, FL 32827-5311**

Mailing Address  
**126 OTTAWA AVE NW  
 SUITE 500  
 GRAND RAPIDS, MI 49503 US**

**54071033**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

08252004 Chg-P CR2E034 (10/03)

4. FEI Number  
**38-3234550**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

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

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TUBERGEN, JERRY L <input type="checkbox"/> Delete 126 OTTAWA AVE NW, STE 500 GRAND RAPIDS, MI 49503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOER, WILLIAM J <input type="checkbox"/> Delete 126 OTTAWA AVE NW, STE 500 GRAND RAPIDS, MI 49503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEISBROD, JOHN <input type="checkbox"/> Delete 2 MAGIC PLACE, 8701 MAITLAND SUMMIT BLVD ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHIERBEEK, ROBERT H <input type="checkbox"/> Delete 126 OTTAWA AVE NW, STE 500 GRAND RAPIDS, MI 49503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Fritz, James <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2 Magic Place, 8701 Maitland Summit Blvd. Orlando, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  **Robert H. Schierbeek** 8/26/04 616-454-4114  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #