


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K99316**  
 1. Entity Name  
 ATLANTIC JET CENTER, INC.



Principal Place of Business: 1401 GENERAL AVIATION DR, MELBOURNE, FL 32935 US  
 Mailing Address: 1401 GENERAL AVIATION DRIVE, MELBOURNE, FL 32935 US

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-2976949 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 EDWARDS, SPENCE J  
 6534 CHRISTOPHER POINT ROAD WEST  
 JACKSONVILLE, FL 32225

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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/T
NAME	EDWARDS, SPENCE J
STREET ADDRESS	6534 CHRISTOPHER PT RD W
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	RADCLIFFE, WILLIAM R.
STREET ADDRESS	1702 ATLANTIC STR #1D
CITY-ST-ZIP	MELBOURNE BCH, FL
TITLE	D
NAME	HILLER, WESLEY T.
STREET ADDRESS	6126 GALLEON WAY
CITY-ST-ZIP	TAMPA, FL
TITLE	VS
NAME	BIROSE, KIM E
STREET ADDRESS	1109 STEVEN PATRICK DR
CITY-ST-ZIP	INDIAN HARBOR BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kim Brose 3-15-05 321-255-7111  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #