


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000001500 1. Entity Name JETPORT PARK NON-RESIDENTIAL PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business C/O JETPORT PARK 255 S. ORANGE AVE 1540 CITRUS CENTER ORLANDO, FL 32801	Mailing Address C/O JETPORT PARK 255 S. ORANGE AVE 1540 CITRUS CENTER ORLANDO, FL 32801
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01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3650860	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHIDDON, H. FLOYD JR
 255 S. ORANGE AVE., STE. 1540 CITRUS CEN
 ORLANDO, FL 32801

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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 _____

Filing Fee is \$61.25
Due by May 1, 2005

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

U00000182050
 01/19/05-80012-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EIDSON, GEORGE T JR 255 S. ORANGE AVE., STE. 1100 CITRUS CENTE ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHIDDON, FLOYD H JR 255 S ORANGE AVE, STE 1540 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D "SONNY" BISHOP, WILLIAM D SR 1800 E. COLONIAL DR. ORLANDO, FL 32802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  DATE: 1-13-05 DAYTIME PHONE: 407-421-7777