

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 12, 2004 8:00 am
Secretary of State

08-12-2004 90003 015 ***550.00

DOCUMENT # P02000087643

1. Entity Name

JOHNNY'S FLIGHT SERVICES, INC.



Principal Place of Business: 1371 EAST NORMANDY BLVD DELTONA FL 32725
 Mailing Address: P.O. BOX 2346 RANCHO SANTA FE CA 92067-2346

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **74-3058427** Applied For Not Applicable

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



MOORE CR2E034 (4/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

URSINI, JOHN
 1371 EAST NORMANDY BLVD.
 DELTONA FL 32725

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: *John Ursini*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Aug 5, 04
 DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

§ 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT Delete
 NAME VASINI, SAMUEL
 STREET ADDRESS P.O. BOX 2346
 CITY-ST-ZIP RANCHO SANTA FE CA

TITLE **PRESIDENT** Change Addition
 NAME **URSINI, SAMUEL**
 STREET ADDRESS **P O BOX 2346**
 CITY-ST-ZIP **RANCHO SANTA FE, CA.**

TITLE S Delete
 NAME VASINI, JOAN
 STREET ADDRESS 1371 EAST NORMANDY BL
 CITY-ST-ZIP DELTONA FL 32725

TITLE **SECRETARY** Change Addition
 NAME **URSINI, JOHN**
 STREET ADDRESS **1371 EAST NORMANDY BLVD**
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change 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 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: x *Samuel Ursini*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x *8.05.04 858-756-9465*
 Date Daytime Phone #