## . 2005 UNIFORM BUSINESS REPORT (UBR)

| 1. Entity Nam   | MENT # P96000<br>OORF AVIATION, INC.   | 004786   | •   |                |                                     | FiL  | .E0   |  |
|---|--|--|---|----------------|-------------------------------------|--|---|--|
| OFICIAL   | on Aviation, no.   |  |   |                |                                     | FIL<br>SELRETARY<br>NVISION OF C                         | Y OF STATE<br>ORPORATIO   | <del>V</del>   |
| Principal Plac  | ce of Business   | Mailing Address  | ·   |                |                                     |  | 04.0.30   |  |
| 3047 S ATLAN  | TIC AVE  | P.O. BOX 1231  |   |                |                                     | 01 APR 17  | PH 2: 18  |  |
| # 1806  | Att 51 0040  | DAYTONA BEACH FL 32115   |   | .              | •                                   |  |   |  |
| DAYTONA BEA<br>US   | UH PL 32118  | US :   |   | 1              |                                     |  |   |  |
|   |  |  |   |                |                                     |  | 98)  <b>81</b> 1   819   1 <b>118</b>    11   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address   |   |                |                                     |  |   | KI <b>i I</b> ii ii ii                               |
| Suile, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |                | DO NOT WRITE IN THIS SPACE          |  |   |  |
| City & State  |  | City & State   |   |                | 4, FEI Number                       | 59-3369324   | <del></del>   | oplied For ot Applicable                             |
| Zip Country   |  | Zip Country  |   |                | 5. Certificate of                   | Status Desired   | \$8.75 Ad   | ditional   |
|   | 6. Name and Address of Current   | egistered Agent  |   |                | 7. Name and Ad                      | idress of New Regist                                     |   |  |
|   |  |  | Name  |                |                                     |  |   |  |
| - DORAN, THEODORE R 444 SEABREEZE BLVD STE 800 Street Address   |  |  |   |                | (P.O. Box Number is Not Acceptable) |  |   |  |
| DAY   | <u> </u>   |  |   |                |                                     |  |   |  |
| J   |  |  |   |                | ·                                   |  |   |  |
|   | •  |  | City  |                |                                     |  | FL Zip Coo  | le   |
| 8. The above  | named entity submits this statement for  | or the purpose of changing its re                                  | egistered office or   | registered     | d agent, or both,                   | in the State of Florida.                                 | <del></del>   |  |
|   |  |  |   |                |                                     |  |   |  |
| SIGNATURE .   | Signature, typed or printed name of registered agent   | and title if applicable. (NOTE:                                    | Registered Agent signatur   | re required wi | hen reinstating)                    |  | DATE  | <del></del>  |
| 9. This corpo   | pration is eligible to satisfy its Intangible  | FILE NOW!!!  | a major let to  | Arrest 2 2 mg  |                                     | 1.00   | 7 44 44   |  |
| Tay Oline   |  | STATE OF THE PROPERTY.   | ! FEE IS \$150.0  | 0              | 10 10-00                            |  |   | ι <b>ο</b>   |
| ~   | requirement and elects to do so.   | After MAY 1, 200   | 1 Fee will be \$5   | 50.00          | Truet I                             | on Campaign Financir<br>Fund Contribution                |   | May Be   |
| (See criter   | ria on back)   | After MAY 1, 200<br>Make Check Payabl                              | 1 Fee will be \$5<br>e to Department  | 50.00          | Trust                               | Fund Contribution.                                       | Added   | to Fees  |
| (See criter   | ria on back)  OFFICERS AND   | After MAY 1, 200 Make Check Payable DIRECTORS                      | 1 Fee will be \$5<br>e to Department<br>12.   | 50.00          | Trust   ADDITIONS/CH                | Fund Contribution.                                       | S AND DIRECTOR  | d to Fees  |
| (See criter   | oria on back)  OFFICERS AND  DVP   | After MAY 1, 200<br>Make Check Payabl                              | 1 Fee will be \$5<br>e to Department  | 50.00          | Trust   ADDITIONS/CH                | Fund Contribution.  IANGES TO OFFICER                    | S AND DIRECTOR  | S IN 11  |
| (See criter   | ria on back)  OFFICERS AND   | After MAY 1, 200 Make Check Payable DIRECTORS                      | 1 Fee will be \$5<br>e to Department  | 50.00          | Trust   ADDITIONS/CH                | Fund Contribution.  IANGES TO OFFICER                    | S AND DIRECTOR  | S IN 11  |
| (See criter  11.  ITILE  NAME   | OFFICERS AND  OFFICERS AND  OTTENDORF, GEORGE H.  3047 S ATALNTIC AVE # 1806  DAYTONA BEACH FL 32118   | After MAY 1, 200 Make Check Payable DIRECTORS  Delete              | 1 Fee will be \$5. e to Department 12. IIILE NAME   | 50.00          | Trust   ADDITIONS/CH                | Fund Contribution.  IANGES TO OFFICER:  -U4/20/0         | S AND DIRECTOR  | S IN 11 Addition                                     |
| (See criter  11.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE   | OFFICERS AND  OFFICERS AND  OTTENDORF, GEORGE H.  3047 S ATALNTIC AVE # 1806  DAYTONA BEACH FL 32118   | After MAY 1, 200 Make Check Payable DIRECTORS                      | 11 Fee will be \$5: e to Department  12. IIILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE   | 50.00          | Trust   ADDITIONS/CH                | Fund Contribution.  IANGES TO OFFICER:  -U4/20/0         | S AND DIRECTOR  | S IN 11 Addition                                     |
| (See criter  11.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | OFFICERS AND  OFFICERS AND  OTTENDORF, GEORGE H.  3047 S ATALNTIC AVE # 1806  DAYTONA BEACH FL 32118  P  OTTENDORF, ROBERT E.  | After MAY 1, 200 Make Check Payable DIRECTORS  Delete              | 11 Fee will be \$5: e to Department  12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | 50.00          | Trust   ADDITIONS/CH                | Fund Contribution.  IANGES TO OFFICER:  -U4/20/0         | SAND DIRECTOR  13 11 139 11 11 11 11 11 11 11 11 11 11 11 11 11   | 1 to Fees S IN 11 1 ← Add Get - 007 150.00           |
| (See criter  11.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME   | OFFICERS AND  OFFICERS AND  OTTENDORF, GEORGE H.  3047 S ATALNTIC AVE # 1806  DAYTONA BEACH FL 32118  P  OTTENDORF, ROBERT E.  16929 SOLANA LANE   | After MAY 1, 200 Make Check Payable DIRECTORS  Delete              | 11 Fee will be \$5: e to Department  12. IIILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE   | 50.00          | Trust   ADDITIONS/CH                | Fund Contribution.  IANGES TO OFFICER:  -U4/20/0         | SAND DIRECTOR  13 11 139 11 11 11 11 11 11 11 11 11 11 11 11 11   | 1 to Fees S IN 11 1 ← Add Get - 007 150.00           |
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courate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the empoyered. of the corporation or the register changed, or on an attachment