

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Oct 01, 2004 8:00 am**  
**Secretary of State**

10-01-2004 90002 028 \*\*\*\*61.25

**DOCUMENT # 735885**

1. Entity Name  
**BRANDON MODEL FLYERS, INCORPORATED**



Principal Place of Business  
**13021 SAINT FILAGREE DRIVE  
RIVERVIEW, FL 33569 US**

Mailing Address  
**13021 SAINT FILAGREE DRIVE  
RIVERVIEW, FL 33569 US**

**54073820**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09282004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-1789103**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**BROWN, EDWARD M  
13021 SAINT FILAGREE DRIVE  
RIVERVIEW, FL 33569**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME BROWN, EDWARD M  
STREET ADDRESS 13021 SAINT FILAGREE DR  
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE T ☐ Delete  
NAME HARDAWAY, DONNIE  
STREET ADDRESS 5818 ERHARDT DR.  
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE S ☒ Delete  
NAME HAZLETT, JOHN  
STREET ADDRESS 519 SANOMA DR.  
CITY-ST-ZIP VALRICO, FL 33594

TITLE D ☐ Delete  
NAME COOPER, WILLIAM A  
STREET ADDRESS 6004 FRANCIS DRIVE  
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE D ☒ Delete  
NAME VAN ORDEN, JAMIE  
STREET ADDRESS 4012 SAN NICHOLAS ST.  
CITY-ST-ZIP TAMPA, FL 33629

TITLE D ☒ Delete  
NAME NOYOLA, ROLAND  
STREET ADDRESS 6008 FRANCIS DRIVE  
CITY-ST-ZIP APOLLO BEACH, FL 33572

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE v/s ☐ Change ☒ Addition  
NAME Robert Whitehurst  
STREET ADDRESS 2308 Palm Ave.  
CITY-ST-ZIP Seffner, FL 33584

TITLE D ☐ Change ☒ Addition  
NAME Tony Windsor  
STREET ADDRESS 10715 Amazon Creek PL.  
CITY-ST-ZIP Riverview, FL 33569

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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: Edward Brown Edward Brown

9-28-04

813-601-3434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #