


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 175021 1. Entity Name SHOWALTER FLYING SERVICE, INC.	
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Principal Place of Business 400 HERNDON AVE #111 ORLANDO, FL 32803-5134	Mailing Address 400 HERNDON AVE #111 ORLANDO, FL 32803-5134
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01102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0700191	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 WHITE, ROBERT B. 225 E ROBINSON #620 ORLANDO, FL 32801

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rechartering) DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SHOWALTER, ROBERT H. 4511 N. LANDMARK DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KIMBALL, JANE S 5354 CEMETARY ROAD ZELLWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHOWALTER, KIM S. 4511 N. LANDMARK DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, ROBERT B. 225 E ROBINSON #620 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/15/04-80053-023 150.00

**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)(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: James Kimball Sec. Lucas 1-10-04 407-894-7331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #