


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 450163 1. Entity Name SHOWALTER AVIATION SERVICES, INC.		
Principal Place of Business 400 HERNDON AVE. (ZIP 32803) P.O. BOX 140753 ORLANDO, FL 32814-0753	Mailing Address 400 HERNDON AVE. (ZIP 32803) P.O. BOX 140753 ORLANDO, FL 32814-0753	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent ROBERT B. WHITE 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: _____ DATE: _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SHOWALTER, R. H. 4511 N LANDMARK DR. ORLANDO, FL	U000000005553 01/15/04-80053-022 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KIMBALL, JANE S POB 849/END-CEMETERY RD ZELLWOOD, FL 00000,	
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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: <i>James S. Canibell Secretary</i> 1-10-04 407-894-7331 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1515134	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**