2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 25, 2004 08:00 AM Secretary of State **DOCUMENT # 498840** 1. Entity Name 94TH AERO SQUADRON OF ORLANDO, INC. Principal Place of Business Mailing Address 8191 E KAISER BLVD 8191 E KAISER BLVD ANAHEIM CA 92808-2214 ANAHEIM CA 92808-2214 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 94-2369419 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change Addition TITLE Delete NAME TALLICHET, CECILIA NAME 8191 E KAISER BLVD STREET ADDRESS STREET AODRESS CITY - ST - ZIP ANAHEIM CA 92808-2214 CITY - ST - ZIP Change Delete ☐ Addition U00000064628 Charge D2/25/04-80003-005 150.00 ROYSE, BOB D. NAME NAME 8191 E KAISER BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7IP ANAHEIM CA 92808-2214 COV-ST-ZIP Delete ST TMLF TITLE Change ☐ Addition NAME MAME TALLICHET, CECILIA STREET ADDRESS STREET ADDRESS 8191 E KAISER BLVD CITY-ST-ZIP ANAHEIM CA 92808-2214 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition TALLICHET, JOHN D NAME NAME 8191 E KAISER BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ANAHEIM CA 92808-2214 CITY-ST-ZIP TIFLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME **AMAM** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Dearlie Addlicated Cecilia Tallicated 2.16.04 714-279-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

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