

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 694750

1. Entity Name

PILOTS SERVICES, INC.



Principal Place of Business

106 LAUREL ST
GEORGETOWN DE 19947
US

Mailing Address

1901 S. INDIAN RIVER DR
FT PIERCE FL 34950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04 OCT 22 AM 8:25 OCT 18 2004

SECRETARY OF STATE
TALLAHASSEE, FLORIDA L BRIGGS & CO



MOORE

CR2E034 (4/04)

4. FEI Number

51-0260376

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LYSHON, STEVENS G III
1901 S INDIAN RIVER DRIVE
FT PIERCE FL 33450

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

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete

NAME LYSHON, LOUISE G
STREET ADDRESS 3101 S. INDIAN ROVER DR
CITY-ST-ZIP FT PIERCE FL

TITLE VPD ☐ Delete

NAME LYSHON, G S
STREET ADDRESS 3101 S INDIAN RIVER DR
CITY-ST-ZIP FT PIERCE FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

100042103981
10/22/04--01035--016 **550.00

10/2/04

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: G. STEVENS LYSHON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

772-201-7411