

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000000563

1. Entity Name

FALCON CREST AVIATION SUPPLY, INC.



Principal Place of Business

8318 BRANIFF
HOUSTON, TX 77061

Mailing Address

8318 BRANIFF
HOUSTON, TX 77061



01282004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

76-0145779

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITHEY, JANET
3540 NW 56TH ST., STE 301
FT LAUDERDALE, FL 33309

**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 reinstating)

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

000000021857
01/30/04-80013-013 150.00

10. OFFICERS AND DIRECTORS

TITLE PCD
NAME BERKENMEIER, H R
STREET ADDRESS 8318 BRANIFF
CITY - ST - ZIP HOUSTON, TX

TITLE V
NAME GUNTER, BURLEY
STREET ADDRESS 8318 BRANIFF
CITY - ST - ZIP HOUSTON, TX

TITLE SD
NAME BERKENMEIER, L D
STREET ADDRESS 8318 BRANIFF
CITY - ST - ZIP HOUSTON, TX

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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)(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 _____

Boysen *Dr. J. J. J.* *1/31/04 713-1644-2290*