

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000000800

1. Entity Name  
KELOWNA FLIGHTCRAFT AIR CHARTER LTD. INC.



Principal Place of Business

5655 AIRPORT WAY  
VIV-1S1  
KELOWNA BRITISH COLUMBIA,

Mailing Address

5655 AIRPORT WAY  
VIV-1S1  
KELOWNA BRITISH COLUMBIA,

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**



03112004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HERMAN, DAVID P ESQ.  
MURRAY, MARIN & HERMAN, P.A.  
2600 DOUGLAS ROAD, SUITE 711  
MIAMI, FL 33134

**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

U000000089721  
03/15/04-80103-017 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC LAPOINTE, BARRY P 5655 AIRPORT WAY, VIV - 1S1 KELOWNA CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIZELAND, MIKE 5655 AIRPORT WAY, VIV - 1S1 KELOWNA CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #