

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90046 045 ***150.00

DOCUMENT # F03000000534

1. Entity Name
RECTRIX AVIATION, INC.



Principal Place of Business

730 BARNSTABLE ROAD, BARNSTABLE MUNICIPAL
AIRPORT
HYANNIS, MA 02601

Mailing Address

730 BARNSTABLE ROAD, BARNSTABLE MUNICIPAL
AIRPORT
HYANNIS, MA 02601



02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0760314 Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~CHILSON, KATHLEEN G~~ *HAUSCH, JAMES P.*
8191 NORTH TAMiami TRAIL, *Suite 210*
SARASOTA, FL 34243

**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 *Kathleen G. Chilson* *KATHLEEN G. CHILSON* *2/12/04*
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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	RUSSELL, THOMAS J.
STREET ADDRESS	8191 NORTH TAMiami TRAIL
CITY - ST - ZIP	SARASOTA, FL 34243
TITLE	PD
NAME	HAUSCH, JAMES P
STREET ADDRESS	8191 NORTH TAMiami TRAIL
CITY - ST - ZIP	SARASOTA, FL 34243
TITLE	T
NAME	CHILSON, KATHLEEN G
STREET ADDRESS	8191 NORTH TAMiami TRAIL
CITY - ST - ZIP	SARASOTA, FL 34243
TITLE	D
NAME	CAWLEY, RICHARD A
STREET ADDRESS	100 FARM ROAD
CITY - ST - ZIP	SHERBORN, MA 01770
TITLE	S
NAME	WISE, ROBERT E JR
STREET ADDRESS	31 STATE STREET
CITY - ST - ZIP	BOSTON, MA 02109
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: *Kathleen G. Chilson* *KATHLEEN G. CHILSON* *2/12/04* *(941) 358-1624*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #