

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000006129

1. Entity Name  
CAREERS IN AVIATION, INC.



Principal Place of Business  
400 CAPITAL CIRCLE SE, STE. 18-282  
TALLAHASSEE, FL 32301

Mailing Address  
400 CAPITAL CIRCLE SE, STE. 18-282  
TALLAHASSEE, FL 32301

FILED

04 FEB 11 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02112004 No Chg-P CR2E034 (10/03)

*MRS*

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4. FEI Number  
58-2628336

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PENTON, ARAMIS  
1801 NORTH MERIDIAN RD.  
TALLAHASSEE, FL 32303

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

600029314616  
2/24/04--01049--024 \*\*300.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP RAKOR, SHAWN 1951 AIRPORT ROAD, STE. 202 ATLANTA, GA 30341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLVRY, PHILLIP 1951 AIRPORT ROAD, STE. 202 ATLANTA, GA 30341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LORBOR, BECKY 1951 AIRPORT ROAD, STE. 202 ATLANTA, GA 30341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PENTON, ARAMIS 1951 AIRPORT ROAD, STE. 202 ATLANTA, GA 30341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOPER, BRUCE 1951 AIRPORT ROAD, STE. 202 ATLANTA, GA 30341
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/04

Date

997-6276

Daytime Phone #