

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 JUN 11 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F28801

1. Entity Name  
NORTH CAPTIVA AIR, INC.



Principal Place of Business  
4346 HIDDEN RIVER ROAD  
SARASOTA, FL 34240 US

Mailing Address  
4346 HIDDEN RIVER ROAD  
SARASOTA, FL 34240 US



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2087051

Applied For  
Not Applicable

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

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

FETT, HAROLD J  
4346 HIDDEN RIVER ROAD  
SARASOTA, FL 34240

**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 restating)

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 NAME STREET ADDRESS CITY-ST-ZIP	VP COYNER, WALLACE 4655 LUCE ROAD LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, DONNA G 10270 SAGO PALM WAY FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REED, RUSSELL N. 833 MONTICELLO CT CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKLAVCIC, JOSEPH PO BOX 419 PINELAND, FL 33945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKEE, WILLAM F 2325 WOODLEY AVE LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FETT, HAROLD J 4346 HIDDEN RIVER ROAD SARASOTA, FL

300037949863  
06/15/04--01015--020 \*\*550.00

**DO NOT WRITE  
IN THIS SPACE**

*km*  
6/11

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/04  
Date

941-371-0145  
Daytime Phone #