

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000006225**

1. Entity Name  
CNC AIRCRAFT, INC.



Principal Place of Business  
504 CLUBSIDE CIRCLE  
VENICE, FL 34293

Mailing Address  
504 CLUBSIDE CIRCLE  
VENICE, FL 34293



**DO NOT WRITE IN THIS SPACE**

04132005 No Chg-P CR2E034 (10/03)

4. FEI Number  
61-1264708

Applied For  
Not Applicable

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

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100000310191  
04/16/05-80066-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SHAW, ROBERT T 731 GOLFERS RETREAT VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS RICE, C. FRED 28921 CAVELL TERR NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICE, JERRY W 12303 OLD LUCAS LANE ANCHORAGE, KY 40223
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:**

*Jerry Rice*  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05 (941) 4934950  
Date Daytime Phone #