

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 25, 2006 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



04202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

1100000533477  
05/06/06-80125-022 150.00

**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 exemptions contained in Chapter 119, 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* Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06

Date

(941) 493-4950

Daytime Phone