

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F98000003040</b> 1. Entity Name ORLANDO L.A.M.A.R. INC.	
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Principal Place of Business PHILAIR FLIGHT CENTER, INC DAYTONA BEACH INTL AIRPORT DAYTONA BEACH, FL 32114	Mailing Address P.O. BOX 621886 ORLANDO, FL 32862
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02232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2089340	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	
<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  LITKETT, KEITH L 7319 CYPRESS GROVE RD ORLANDO, FL 32819	<p style="font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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: <u>Keith L. Litkett, President</u>	DATE: <u>2/24/04</u>
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		<p style="font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
TITLE	PD	
NAME	LITKETT, KEITH	
STREET ADDRESS	7319 CYPRESS GROVE RD	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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02/27/04-80038-011 150.00

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: <u>Keith L. Litkett, Keith L. Litkett</u>	DATE: <u>2/24/04</u>	DAYTIME PHONE # <u>321-287-9160</u>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR