2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATUR

Apr 02, 2004 8:00 am Secretary of State DOCUMENT # H18443 1. Entity Name 04-02-2004 90051 025 ***150 00 SARASOTA AVIATION ENTERPRISES, INC. Mailing Address 4857 OAK Pointe Principal Place of Business 4432 RUM CAY CIRCLE SARASOTA FL-94840 4432 RUM CAY CIRCLE 4851 OAK F 34233 Savasifa 2. Principal Place of Business 3. Mailing Address MOORE CR2E034 (11/03) Applied For 4. FEI Number 59-2455058 Not Applicable Country \$8.75 Additional 4233 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MINON BRAINARD JR, MILLAR 4432 RUM CAY CIR lumber is Not Acceptable) SARASOTA 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 SIGNATUR (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITCE TITLE Change Addition Delete BRAINARD, MILLAR NAME NAME STREET ADDRESS 4432 RUM CAY CIR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change BRUNETTE, RONALD NAME STREET ADDRESS 4125 ABBOTS FOND ST. STREET ADDRESS NORTH PORT FL CITY-ST-ZIP CITY-ST-7IP TITLE D Detete TILLE Addition NAME GIBSON, JACK E NAME STREET ADDRESS 1510 1ST AVE WEST #402 STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP TITLE ☐ Delete TITE F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TIME ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CETY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

FILED