

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # H31966**

1. Entity Name  
**SEBRING AIR CHARTER, INC.**



Principal Place of Business

**4512 NW 43 TERRACE  
TAMARAC, FL 33319**

Mailing Address

**4512 NW 43 TERRACE  
TAMARAC, FL 33319**

**DO NOT WRITE IN THIS SPACE**



03082004 No Chg-P CR2E034 (10/13)

4. FEI Number <b>59-2551949</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**COURY, PATRICIA E  
3230 W. COMMERCIAL BLVD.  
#150  
FT. LAUDERDALE, FL 33309**

**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

*C.A. MURRAY* *3/8/04*

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

1000000082980  
03/10/04-80020-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEWART, GARY D.
STREET ADDRESS	P.O. BOX 371 N/A
CITY - ST - ZIP	SAN JOSE, COSTA RICA,

TITLE	PDS
NAME	NUNEZ, ELIZABETH
STREET ADDRESS	4512 NW 43RD TERRACE
CITY - ST - ZIP	TAMARAC, FL

TITLE	VC
NAME	MURRAY, CECIL A.
STREET ADDRESS	4512 NW 43RD TERRACE
CITY - ST - ZIP	TAMARAC, FL

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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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)(f), 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:

*Cecil A. Murray* *3/8/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #