

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90064 045 ***158.75

DOCUMENT # J56107

1. Entity Name

PHOENIX EAST AVIATION, INC.



Principal Place of Business

561 PEARL HARBOR DR
DAYTONA BEACH FL 32114-3845

Mailing Address

561 PEARL HARBOR DR
DAYTONA BEACH FL 32114-3845

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

04-2736266

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FULLER, DAVID D JR.
220 S RIDGEWOOD AVE
SUITE 210
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

JR.

Street Address (P.O. Box Number is Not Acceptable)

630 N. WILD OLIVE AVE. SUITE A

City

DAYTONA BEACH

FL

Zip Code

32118

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	EDWARDS, SPENCE J	
STREET ADDRESS	6534 CHRISTOPHER PT. RD. W	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	RESLAN, GHASSAN M	
STREET ADDRESS	876 CHICKADEE DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRUSSELL, RICHARD T	
STREET ADDRESS	1536 RIDGE AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32117-2218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE

Richard T. Trussell

NICK PRESIDENT / FINANCE

CFO

Date

Daytime Phone #

1-28-05 386-258-0703 x304