

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J97256

FILED  
Jan 26, 2005  
Secretary of State

Entity Name: GLADEVIEW AERIAL SERVICE, INC.

## Current Principal Place of Business:

205 S.W. 1ST STREET  
P.O. DRAWER 730  
BELLE GLADE, FL 33430

## New Principal Place of Business:

205 S.W. 1ST STREET  
BELLE GLADE, FL 33430

## Current Mailing Address:

P.O. BOX 730  
BELLE GLADE, FL 33430

## New Mailing Address:

FEI Number: 65-0011033      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NOWICKI, MARK J  
14155 U.S.HWY ONE  
STE 302  
JUNO BCH., FL 33408 US

## Name and Address of New Registered Agent:

NOWICKI, MARK J  
480 MAPLEWOOD DRIVE  
SUITE 2  
JUPITER, FL 33458 US

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.

SIGNATURE:

01/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: KNIGHT, S.N. JR.  
Address: 205 SW 1ST ST/POD 730  
City-St-Zip: BELLE GLADE, FL

Title: T ( ) Delete  
Name: HODGE, SHERYL K  
Address: 205 SW 1ST ST/POD 730  
City-St-Zip: BELLE GLADE, FL

Title: S ( ) Delete  
Name: KNIGHT, STEPHEN A  
Address: 205 SW 1ST ST/POD 730  
City-St-Zip: BELLE GLADE, FL

Title: P ( ) Delete  
Name: WILLIAMS, STEVEN L  
Address: 205 SW 1ST ST/POD 730  
City-St-Zip: BELLE GLADE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN L. WILLIAMS

P

01/26/2005

Electronic Signature of Signing Officer or Director

Date