

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90278 024 ***150.00

DOCUMENT # L72439

1. Entity Name
ROTOR FLIGHT DYNAMICS, INC.



Principal Place of Business

19242 GRANGE HALL LOOP
WIMAUMA, FL 33598 US

Mailing Address

PO BOX 193
WIMAUMA, FL 33598 US

Wimauma, FL 33598



04132004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3110339

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BOYETTE, ERNEST
19242 GRANDE HALL LOOP
WIMAUMA, FL 33598

Wimauma, FL 33598

**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

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**

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	BOYETTE, ERNEST
STREET ADDRESS	19242 GRANGE HALL LOOP
CITY-ST-ZIP	WIMAUMA, FL
TITLE	D
NAME	BOYETTE, ERNEST
STREET ADDRESS	14811 STATE ROAD 674
CITY-ST-ZIP	WIMAUMA, FL
TITLE	VD
NAME	BOYETTE, ERNEST
STREET ADDRESS	19242 GRANDE HALL LOOP
CITY-ST-ZIP	WIMAUMA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-04 813-634-3370