


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L99210 1. Entity Name 5K AIRCRAFT SALES, INC.	
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Principal Place of Business 6981 LAKE DEVONWOOD DR FORT MYERS, FL 33908 US	Mailing Address 11854 REGIONAL LANE FT MYERS, FL 33913 US
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02162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0221844	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent KAGAN, ELIZABETH P. 6981 LAKE DEVONWOOD DRIVE FORT MYERS, FL 33908

**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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD KAGAN, JOHN C 6981 LAKE DEVONWOOD DRIVE FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAGAN, ELIZABETH P 6981 LAKE DEVONWOOD DRIVE FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNOX, CHARLES H. 6981 LAKE DEVONWOOD DRIVE FT. MYERS, FL 33908
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**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:

Charles H. Knox Charles H. Knox 2/25/04

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #