## 2004 FOR PROFIT CORPORATION

## **ANNUAL REPORT DOCUMENT # M84287** AIRCRAFT INSPECTION CONSULTANTS, INC. Mailing Address Principal Place of Business 4909 SPYGLASS DRIVE P.O. BOX 9413 PANAMA CITY BEACH, FL 32408 PANAMA CITY BEACH, FL 32417 US

**FILED** Mar 16, 2004 08:00 AM Secretary of State



CR2E034 (10/03)

Fee Required

## DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number Not Applicable 65-0059922 \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

WYNN, SUSAN, ATTY 1762 SE CANORA RD. PORT ST. LUCIE, FL 34952

**SIGNATURE** 

## DO NOT WRITE IN THIS SPACE

No Chg-P

03122004

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 \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000090001 - <del>03/16/94-80013-005-150,75</del>
10.	OFFICERS AND DIREC	TORS			U37 137 U7 UUU UU3 136,13
TITLE NAME STREET ADDRESS CITY-ST-ZBP	PS KELLEY, JOHN THOMAS 4909 SPYGLASS DRIVE PANAMA CITY BEACH, FL				
RILE NAME STREET ADDRESS CITY-ST-ZIP	VT KELLEY, KAREN BARRETT 4909 SPYGLASS DRIVE PANAMA CITY BEACH, FL				
TITLE NAZAE STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5			
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.					