


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000000771						FILED 04 OCT 13 PM 4:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name FLORIDA AVIATION AND SPACE MUSEUM, INC.							
Principal Place of Business 655 CYPRESS LANE WINTER SPRINGS, FL 32708				Mailing Address 655 CYPRESS LANE WINTER SPRINGS, FL 32708			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 74-3028481				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				Name <u>Brian Ives</u> Street Address (P.O. Box Number is Not Acceptable) <u>655 Cypress Lane</u> City <u>Winter Springs</u> FL Zip Code <u>32708</u>			
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 <u>Brian D. Ives</u>				DATE <u>10/8/4</u>			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$61.25 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	IVES, BRIAN			NAME	900041907099 10/15/04--01083--003 **61.25		
STREET ADDRESS	655 CYPRESS LANE			STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS, FL 32708			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	IVES, KEVIN			NAME			
STREET ADDRESS	655 CYPRESS LANE			STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS, FL 32708			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUEHL, DAVID			NAME			
STREET ADDRESS	655 CYPRESS LANE			STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS, FL 32708			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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CITY-ST-ZIP							
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				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 617, 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 <u>Brian D. Ives</u>				DATE <u>10/8/4</u>		DAYTIME PHONE # <u>407-718-5340</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							