


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000001307

1. Entity Name
 CUYLER FIELD FLYERS, (EAA) CHAPTER 1349, INC.



Principal Place of Business 10969 NORTH RUNWAY CIRCLE GLEN SAINT MARY, FL 32040	Mailing Address 10969 NORTH RUNWAY CIRCLE GLEN SAINT MARY, FL 32040
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02152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3610479	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FISH, HUGH ESQ.
 34 SOUTH FIFTH STREET
 MACCLENNY, FL 32062

DO NOT WRITE IN THIS SPACE

6. 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 _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000104129
 04/05/04 09085 815 01.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD QUALLS, TERRY 10969 NORTH RUNWAY CIRCLE GLEN SAINT MARY, FL 32040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LONCAREVIC, ANDY 10946 SENECA LANE GLEN SAINT MARY, FL 32040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SOWELL, LEONARD 15908 SPEARMAN STREET GLEN SAINT MARY, FL 32040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LONCAREVIC, PREALL 10946 SENECA LANE GLEN SAINT MARY, FL 32040
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 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: *Andy Loncarevic* *Paul Qualls* *Leonard Sowell* *Preall Loncarevic, TD* **4/1/2004** **(904) 905-8391**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #