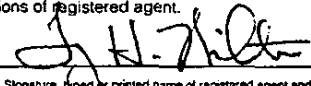
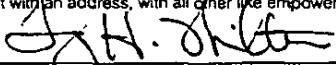


FILED

Mar 23, 2004 8:00 am
Secretary of State

02-27-2004 90015 001 ***61.25

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N03000004974					
1. Entity Name MELROSE LANDING AIRPARK, INC.					
Principal Place of Business 126 MELROSE LANDING DR. HAWTHORNE FL 32640			Mailing Address 126 MELROSE LANDING DR. HAWTHORNE FL 32640		
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 03-0522675	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FOSTER, JOHN H 267 MELROSE LANDING DR. HAWTHORNE FL 32640				7. Name and Address of New Registered Agent Name TERRY H. WILMOTTE Street Address (P.O. Box Number is Not Acceptable) 173 PIPER DR City HAWTHORNE FL Zip Code 32640	
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  TERRY H. WILMOTTE 2-23-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, JOHN H 267 MELROSE LANDING DR. HAWTHORNE FL 32640 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY H. WILMOTTE 173 HAWTHORNE PIPER DR HAWTHORNE, FL 32640 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRATT, CLAUDE W 138 CESSNA DR. HAWTHORNE FL 32640 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRY COLLINS 153 PIPER DR HAWTHORNE, FL 32640 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AIKEN, NORMAN 181 PIPER DR. HAWTHORNE FL 32640 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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:  TERRY H. WILMOTTE 2-23-04 (352)475-5506 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

66407422



MOORE CR2E037 (11/03)

#N03000004974

OMB No. 1545-0057

03-0522675 201912 4 2

19

New
Address _____

City _____
State _____ Zip _____
Telephone Number () _____

Do not write beyond this line

Form 8109-C (Rev. 12-2002)