2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002256

Entity Name: THE SEVEN FIVE WHISKEY FLYING CLUB, INC.

FILED Apr 04, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4C/O ANDREW CONLYN C/O RAYMOND DIBBLE 4550 TILTON CT 6360 RIVER CLUB CT. FORT MYERS, FL 33907 N. FT. MYERS, FL 33917

New Mailing Address: **Current Mailing Address:**

% ANDREW CONLYN % RAYMOND DIBBLE PO BOX 4488 PO BOX 3037 PINELAND, FL 33945 N. FT. MYERS, FL 33918

FEI Number: 65-0494759 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

CONLYN, ANDREW DIBBLE, RAYMOND F 4550 TILTON CT POX 4488 FORT MYERS, FL 33907 US N. FORT MYERS, FL 33918 US

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.

SIGNATURE: RAYMOND F. DIBBLE

Electronic Signature of Registered Agent

Date

04/04/2004

OFFICERS AND DIRECTORS:

() Delete

CONLYN, ANDREW Name: Address: 4550 TILTON CT. City-St-Zip: FORT MYERS, FL 33907

Title: () Delete Name: CONLYN, VIVIAN Address: 11665 OAKLAND DR. City-St-Zip: BOKEELIA, FL 33922

Title: () Delete MCCARTHY, JOHN Name: Address:

CAPE CORAL, FL

City-St-Zip:

1318 SE 34TH TERR.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition Name:

Address: City-St-Zip:

Title: (X) Change () Addition

Name: DIBBLE, RAYMOND F Address: 6360 RIVER CLUB CT.. City-St-Zip: N. FT. MYERS, FL 33917

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND F. DIBBLE D 04/04/2004