


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

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90027 009 ****61.25


DOCUMENT # N97000005200
1. Entity Name
FLORIDA JET FLYERS, INC.



Principal Place of Business Mailing Address
2020 E. EDGEWOOD DR., #57 **P. O. BOX 5335**
LAKELAND FL 33803 **LAKELAND FL 33807** *JSCMR*

2. Principal Place of Business 3. Mailing Address
3303 Kilmer Dr
Suite, Apt. #, etc. Suite, Apt. #, etc.
Lakeland FL
City & State City & State

Zip Country Zip Country
33807 Country



MOORE CR2E037 (11/03)
4. FEI Number **59-3480707** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BURDIN, JOHN
2020 E. EDGEWOOD DR., #57
LAKELAND, FL 33803

7. Name and Address of New Registered Agent
Name *Same*
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *John Burdin* *John Burdin* DATE *Jan 31, 04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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		
TITLE	PTD	<input type="checkbox"/> Delete
NAME	BURDIN, JOHN	
STREET ADDRESS	2020 EDGEWOOD DRIVE #57	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	JAWORSKI, STEVE	
STREET ADDRESS	2109 E. SANDALWOOD DRIVE	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANNER, JOHN	
STREET ADDRESS	512 PRINCESS PL	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *John Burdin* *John Burdin* DATE *Jan 31, 04* *863 648*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #