2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N98000001789

Entity Name: PENSACOLA AREA FLIGHT WATCH, INC.

Current Principal Place of Business:

8113 TREETOP LANE
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10877
PENSACOLA, FL 325240877 US

New Mailing Address:

FEI Number: 59-3516803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIMEK, PAUL JR
8113 TREETOP LANE
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MERRITT, PAUL
Address: 7360 BETA LANE
City-St-Zip: PENSACOLA, FL 32504

Title: T ( ) Delete
Name: ROWELL, JACK A
Address: 1011 BUSHWOOD DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: D ( ) Delete
Name: TORMES, FELIX R DR.
Address: 1065 HARBOR LANE
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete
Name: KINSEY, ROY M JR.
Address: 438 E GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete
Name: STEIN, JOHN
Address: 7919 MOBILE HWY
City-St-Zip: PENSACOLA, FL 32526

Title: S ( ) Delete
Name: FOLKERS, TOM
Address: 2 FAIRPOINT PLACE
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JACK A. ROWELL T 04/28/2005

Electronic Signature of Signing Officer or Director — Date