

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000007232

1. Entity Name
CENTRAL FLORIDA JET CENTER, INC.



Principal Place of Business
**15733 FAIRCHILD DR
HANGAR ONE
CLEARWATER, FL 33762**

Mailing Address
**3020 LEPRECHAUN LANE
PALM HARBOR, FL 34683**



04042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-3622374

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WINZKOWSKI, MICHAEL
3020 LEPRECHAUN LANE
PALM HARBOR, FL 34683**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title (last name, first name, middle initial) (Date: Registered Agent Signature required with the filing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WINZKOWSKI, MICHAEL
STREET ADDRESS	3020 LEPRECHAUN LANE
CITY ST ZIP	PALM HARBOR, FL 34683
TITLE	D
NAME	ULRICH, DONALD K
STREET ADDRESS	1 SOUTH AVIATION DR
CITY ST ZIP	NORTH WILKESBORO, NC 28659
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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)(c), 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04 (727) 785-3130