

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 04, 2004 08:00 AM
Secretary of State**

DOCUMENT # P00000008064

1. Entity Name
NIGHTINGALE AVIATION TECHNICAL SUPPORT, INC.



Principal Place of Business
**14501 GENERAL HIGHWAY DRIVE
ST. PETE/CLEARWATER AIRPORT
CLEARWATER, FL 33762**

Mailing Address
**3445 ADRIAN AVENUE
LARGO, FL 33774 US**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3618189

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NIGHTINGALE, HENRY J
3445 ADRIAN AVE.
LARGO, FL 33774**

**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]
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-04

**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**

U000000037143

02/06/04-80086-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NIGHTINGALE, HENRY J
STREET ADDRESS	3445 ADRIAN AVENUE
CITY - ST - ZIP	LARGO, FL 33774
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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)(f), 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 all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-04