2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000015047

Apr 20, 2004 Secretary of State

Entity Name: VIKING FLIGHT OPERATIONS, INC. **Current Principal Place of Business: New Principal Place of Business:** 418 BARTOW MUNICIPAL AIRPORT BARTOW, FL 33830 **Current Mailing Address: New Mailing Address:** 418 BARTOW MUNICIPAL AIRPORT BARTOW, FL 33830 FEI Number: 59-3628626 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: JACOBSON, ROBERT C 418 BARTOW MUNICIPAL AIRPORT BARTOW, FL 33830 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition JACOBSON, ROBERT C Name: Name: 1456 GRAND CAYMAN CIRCLE Address: Address: City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: ٧S Title: Title: () Delete (X) Change () Addition Name: JACOBSON, CHRISTINE L Name: JACOBSON, CHRISTINE L 1456 GRAND CAYMAN CIRCLE 1456 GRAND CAYMAN CIRCLE Address: Address: WINTER HAVEN, FL 33884 WINTER HAVEN, FL 33884 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition JACOBSON, R CHRISTOPHER Name: Name: 10147 WEST 100TH COURT Address: Address: City-St-Zip: BROOMFIELD, CO 80021 City-St-Zip: Title: () Delete Title: (X) Change () Addition JACOBSON, TYLER D JACOBSON, TYLER D Name: Name: Address: 4675 SIMMS ST Address: 8749 W. CORNELL #12 City-St-Zip: WHEAT RIDGE, CO 80033 City-St-Zip: LAKEWOOD, CO 80227 Title: Title: () Delete () Change () Addition

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT C JACOBSON PTD 04/20/2004

FISHER, DOUGLAS A

ORLANDO, FL 32806

4601 GATLIN OAKS LN

Name:

Address: City-St-Zip: