2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# P00000015047

Entity Name: VIKING FLIGHT OPERATIONS, INC.

Current Principal Place of Business:

418 BARTOW MUNICIPAL AIRPORT
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

418 BARTOW MUNICIPAL AIRPORT
BARTOW, FL 33830

New Mailing Address:

FEI Number: 59-3628626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBSON, ROBERT C
418 BARTOW MUNICIPAL AIRPORT
BARTOW, FL 33830 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: JACOBSON, ROBERT C
Address: 1456 GRAND CAYMAN CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

Title: VSD ( ) Delete
Name: JACOBSON, CHRISTINE L
Address: 1456 GRAND CAYMAN CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: JACOBSON, R CHRISTOPHER
Address: 10147 WEST 100TH COURT
City-St-Zip: BROOMFIELD, CO 80021

Title: D ( ) Delete
Name: JACOBSON, TYLER D
Address: 8749 W. CORNELL #12
City-St-Zip: LAKEWOOD, CO 80227

Title: D ( ) Delete
Name: FISHER, DOUGLAS A
Address: 4601 GATLIN OAKS LN
City-St-Zip: ORLANDO, FL 32806

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:

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.

SIGNATURE: ROBERT C JACOBSON PTD 01/04/2005

Electronic Signature of Signing Officer or Director — Date