

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000064286		
1. Entity Name WESTWIND AVIATION, INC.		
Principal Place of Business 521 SOUTHWEST 10TH AVENUE FORT LAUDERDALE, FL 33312		Mailing Address 521 SOUTHWEST 10TH AVENUE FORT LAUDERDALE, FL 33312
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KAMPSCHORR, JOHN D 521 SOUTHWEST 10TH AVENUE FORT LAUDERDALE, FL 33312		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 <u><i>John D. Kampschror</i></u> <u><i>4-21-04</i></u> Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST KAMPSCHORR, JOHN D 521 SOUTHWEST 10TH AVENUE FORT LAUDERDALE, FL 33312	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 507, 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: <u><i>John D. Kampschror</i></u> <u><i>4-21-04</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u><i>703-750-9424</i></u> Daytime Phone #



04032004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-1034088** Applied For ☐ Not Applicable ☐5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**U00000132482
04/27/04-80048-016 150.00