2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State
03-04-2005 90095 036 ***150.00

50022614

DOCUMENT # P00000073945

1. Entity Name
STRATUS AVIATION, INC.

Principal Place of Business	Mailing Address
301 S. MILWEE STREET LONGWOOD, FL 32750	301 S. MILWEE STREET LONGWOOD, FL 32750

03012005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1315 N. FERNCREEK AVE	1315 N. FERNCREEK AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32803 Country: USA	Zip: 32803 Country: USA

4. FEI Number: 59-3663616 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COHEN, ROBERT C 301 S. MILWEE STREET LONGWOOD, FL 32750	Name: MICHAEL A. FARINACCI Street Address (P.O. Box Number is Not Acceptable): 1315 N. FERNCREEK AVE City: ORLANDO FL Zip Code 32803

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: MICHAEL A. FARINACCI, PRES Michael A. Farinacci, Pres DATE: 3/1/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FARINACCI, MICHAEL A 1315 N. FERNCREEK AVE ORLANDO, FL 32803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Michael A. Farinacci, Pres. 3/1/05 (407) 896-5632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MICHAEL A. FARINACCI, PRES