

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000098446
 1. Entity Name
 NAVIGATOR AIRCRAFT MANAGEMENT GROUP, INC.



Principal Place of Business: 3200 FLIGHTLINE DRIVE STE 101, LAKELAND, FL 33811
 Mailing Address: 3200 FLIGHTLINE DRIVE STE 101, LAKELAND, FL 33811



05022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3701287 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
 MEEHAN, WILLIAM L
 3200 FLIGHTLINE DRIVE STE 101
 LAKELAND, FL 33811

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MEEHAN, WILLIAM T
STREET ADDRESS	2600 HARDEN BLVD MAS VERDE #110
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	DVST
NAME	MEEHAN, WILLIAM L
STREET ADDRESS	3200 FLIGHTLINE DRIVE STE 101
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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: William L. Meehan WILLIAM L. MEEHAN 4/29/05 863-648-2639
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #