

2005 FOR PROFIT CORPORATION ANNUAL REPORT

P01000003682

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 26 PM 3:32

DOCUMENT # P01000003682

1. Entity Name
AERO HORIZONS, INC.



Principal Place of Business
2216 ASHLEY COURT
OCALA, FL 34471

Mailing Address
PO DRAWER 190
OCALA, FL 34478

66018884



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3712586

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CLARK, JACK A
2216 ASHLEY COURT
OCALA, FL 34471

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reappointing)

3/16/05

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

PSTD
CLARK, JACK A
2216 ASHLEY COURT
OCALA, FL 34471

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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☐ Change ☐ Addition

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☐ 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 the empowered.

SIGNATURE:

Jack A. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/05 (312) 732-3121
Date Daytime Phone