

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000015678**

1. Entity Name

SIANE'S AVIATION, INC.



Principal Place of Business

12041 NW 24 ST  
PLANTATION, FL 33323

Mailing Address

12041 NW 24 ST  
PLANTATION, FL 33323



04162004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-1079526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

TUCKER, HARRY C  
12041 NW 24 ST  
PLANTATION, FL 33323

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100000123157  
04/21/04-80058-022 150.00

**10. OFFICERS AND DIRECTORS**

|                 |                      |
|-----------------|----------------------|
| TITLE           | P                    |
| NAME            | TUCKER, HARRY C      |
| STREET ADDRESS  | 12041 NW 24TH ST     |
| CITY - ST - ZIP | PLANTATION, FL 33323 |
| TITLE           | VT                   |
| NAME            | BUTLER-MAHAN, SIANE  |
| STREET ADDRESS  | 12041 NW 24TH ST     |
| CITY - ST - ZIP | PLANTATION, FL 33323 |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |
| TITLE           |                      |
| NAME            |                      |
| STREET ADDRESS  |                      |
| CITY - ST - ZIP |                      |

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/04

Date

Daytime Phone #