~ ~2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2005 08:00 AM Secretary of State

		ANNUA		PUKI			_	C			C C 4 - 4 -	
DOCUMENT # P01000016293 1. Entity Name AIRWORTHY ENTERPRISES, INC.								50	ecretary	y 01	State	
Principal Place of Business Mailing Address							7				_	
400 W AIRPORT DR P.O. BOX 194												
SEBASTIAN, FL 32958 - ROSELAND, FL 32957							1					
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Principal Place of Business Mailing Address								11 00 W10 10 0				
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City & State			T. C	City & State			4. FEI Numbe	ır .		ΙAρ	plied For	
				<u> </u>			59-3703317			Not Applicable		
Zip		Country		Zip Count		try	5. Certificate of Status Design		┌ \$8.7	5 Add	itional	
									Fee F	Fee Required		
	6. Name an	d Address of Curr	ent Registe	ered Agent		Nama	7. Name and	Address of New I	Registered Agent	<u> </u>		
BDOWN I	IANI					Name					ļ	
BROWN, IAN 400 W AIRPORT DR						Street Address	(P.O. Box Numbe	ar is Not Acceptabl	le)			
SEBASTIAN, FL 32958												
						ļ					}	
						City			FL Z	ip Code	,	
R The shove	named entity s	Ibmite this statemen	of for the n	rpose of changing its	renieter	ed office or regist	ered agent, or hot	h in the State of E		ar with	and accept	
	tions of registere		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a poor of orlanding ne	, agroto.	· -	-	***	oned. Townsamme	a. 191011;	. I	
SIGNATURE.	Supporture typed or n	rinted name of registered a	nost and title if	MONICOPIE MONICOPIE	Baritiere	d Agent signature requir	ad when refrestion)		DATE			
	49.40.0, 900.00		-1			a rigent signoid is requi	1		- CATE		j	
		EE 1 S \$ 150.00 Fee will be \$ 55	0.00	Election Campai Trust Fund Cont	-		5.00 May Be ided to Fees				ļ	
10.	OFFICERS AND DIRECTORS						ADDITIONS/	CHANGES TO OF	FICERS AND DIRE	CTORS	5 IN 11 ~	
TITLE	D			Delete					Change	Addition		
NAME	BROWN, IAN			NAM		E		HODOL	ากวดวลรุง			
STREET ADDRESS					ET ADDRESS							
CITY - ST - ZIP	SEBASTIAN	,FL 32958			CITY	-ST - ZIP		50/ 1 W O	7 00011 00	J. 4.	70,00	
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CITY-ST-ZIP					ÇITY	-ST-ZIP						
12. I hereby indicated	certify that the In I on this report or	formation supplied r supplemental repo	with this fili art is true ar	ng does not qualify for nd accurate and that n	the exe	mption stated in S ture shall have the	Section 119.07(3)(s same legal effec	i), Florida Statutes. t as if made under	I further certify the cath; that I am an	at the in	formation or director	
of the co	rnoration or the r	'eceiver or trustee e	mpowered	to execute this report other like empowered.	as recuii	red by Chapter 60	07, Florida Statute	s; and that my nan	ne appears in Bloc	k 10 or	Block 11 if	