

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000025921**

1. Entity Name

QUINLAN FLIGHT SERVICES, INC.



Principal Place of Business

7153 SAN SEBASTAIN DRIVE  
BOCA RATON, FL 33433

Mailing Address

7153 SAN SEBASTAIN DRIVE  
BOCA RATON, FL 33433



01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1097633

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FUSTER, YOLANDA M  
7153 SAN SEBASTAIN DRIVE  
BOCA RATON, FL 33433

**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**

10. OFFICERS AND DIRECTORS

TITLE PT  
NAME FUSTER, YOLANDA M  
STREET ADDRESS 7153 SAN SEBASTAIN DRIVE  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE VP  
NAME FUSTER, MICHAEL A  
STREET ADDRESS 2101 SW 7TH STREET  
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE S  
NAME FUSTER, JOAQUIN STEVEN  
STREET ADDRESS 632 SW 1ST STREET  
CITY-ST-ZIP BOCA RATON, FL 33432

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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #