

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90254 008 ***150.00

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1. Entity Name

AIRCRAFT MAINTENANCE TRAINING INSTITUTE, INC.



Principal Place of Business

1621 BILOXI COURT
ORLANDO FL 32818

Mailing Address

1621 BILOXI COURT
ORLANDO FL 32818

2. Principal Place of Business

2910 Willow Bay Terrace
Suite, Apt. #, etc.

3. Mailing Address

2910 Willow Bay Terrace
Suite, Apt. #, etc.

City & State

Casselberry, Florida

Zip
32707

Country

Seminole

City & State

Casselberry, Florida

Zip
32707

Country

Seminole

4. FEI Number

01-0621709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

KLASING, ELENA M
1621 BILOXI COURT
ORLANDO FL 32818

7. Name and Address of New Registered Agent

Name Elena M KLASING
Street Address (P.O. Box Number is Not Acceptable)
2910 Willow Bay Terrace
City Casselberry FL Zip Code 32707

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 Elena M. KLASING

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

(NOTE: Registered Agent signature required when reinstating)

8 April 04
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME KLASING, MICHAEL A
STREET ADDRESS 1621 BILOXI CT
CITY-ST-ZIP ORLANDO FL 32818

TITLE T ☐ Delete
NAME KLASING, ELENA M
STREET ADDRESS 1621 BILOXI CT
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE address change ☐ Change ☐ Addition
NAME
STREET ADDRESS 2910 WILLOW BAY TERRACE
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 2910 WILLOW BAY TERRACE
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Elena M KLASING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 Apr 04 Date 407-699-6857 Daytime Phone #