

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000101850

1. Entity Name

AIR TAXI DISTRIBUTION SYSTEMS, INC.



Principal Place of Business

**10100 WEST SAMPLE RD., SUITE 300
CORAL SPRINGS, FL 33065**

Mailing Address

**10100 WEST SAMPLE RD., SUITE 300
CORAL SPRINGS, FL 33065**



07222004 No Chg-P CR2E034 (10/03)

4. FEI Number

48-1302399

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

**ANGELL CORPORATE SERVICES, INC.
EDWARDS & ANGELL, LLP
ONE NORTH CLEMATIS ST., SUITE 400
W. PALM BEACH, FL 33401**

**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
Due by September 8, 2004**

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

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

**In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**

10. OFFICERS AND DIRECTORS

TITLE

PD

NAME

SIDEBOTTOM, MARK

STREET ADDRESS

1337 ST TROPEZ CT #208

CITY - ST - ZIP

WESTON, FL 33326

TITLE

D

NAME

KIELKUCKI, DAVE

STREET ADDRESS

6246 N.W. 82ND DRIVE

CITY - ST - ZIP

PARKLAND, FL 33306

TITLE

D

NAME

SONGER, JOSEPH

STREET ADDRESS

10100 WEST SAMPLE RD., SUITE 300

CITY - ST - ZIP

CORAL SPRINGS, FL 33065

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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)(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

7/22/04 954-341-6161
Date Daytime Phone

**000000168235
07/26/04-80005-016 150.00**

**DO NOT WRITE
IN THIS SPACE**