

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000110224

1. Entity Name  
CORRIGAN MANAGEMENT & AVIATION TRAINING, INC.



Principal Place of Business  
9420 HOLLYHOCK COURT  
DAVIE, FL 33328

Mailing Address  
9420 HOLLYHOCK COURT  
DAVIE, FL 33328



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
33-1032069

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**

CORRIGAN, DANIEL L  
9420 HOLLYHOCK COURT  
DAVIE, FL 33328

**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 re-instating)

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRES  
CORRIGAN, DANIEL L MR.  
9420 HOLLYHOCK COURT  
DAVIE, FL 33328

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DIR  
CORRIGAN, DANIEL L MR.  
9420 HOLLYHOCK COURT  
DAVIE, FL 33328

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IN THIS SPACE**

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04/26/04-80139-006 150.00

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 #

4-15-04 95-4-806-690