

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P02000130912

1. Entity Name
F & L AIRCRAFT, INC.



Principal Place of Business
130 MEDICAL CENTER AVE
SEBRING, FL 33870

Mailing Address
130 MEDICAL CENTER AVE
SEBRING, FL 33870



03192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4231891

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OLIVEROS, FABIO H
130 MEDICAL CENTER AVE
SEBRING, FL 33870

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
OLIVEROS, FABIO H
130 MEDICAL CENTER AVE
SEBRING, FL 33870

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
OLIVEROS, ELIZABETH M
130 MEDICAL CENTER AVE
SEBRING, FL 33870

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000097105
03/26/04-80026-001 150.00

**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)(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:

F. Oliveros

Fabio Oliveros, M.D.

3/23/04

(863) 385-2606

Extension 216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #