

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90064 035 ***150.00

DOCUMENT # P03000052634

1. Entity Name
ETHIC AIRCRAFT SERVICES, INC.



Principal Place of Business

**13515 ISLAND RD
FT MYERS, FL 33905**

Mailing Address

**13515 ISLAND RD
FT MYERS, FL 33905**

24051266



2. Principal Place of Business

6821 Tech Ct.
Suite, Apt. #, etc.

3. Mailing Address

6821 Tech Ct.
Suite, Apt. #, etc.

04152004

Chg-P

CR2E034 (10/03)

City & State

Fort Myers, FL
Zip Country

City & State

Fort Myers, FL
Zip Country

33905

33905

4. FEI Number

11-3690767

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KETCHUM, SCOTT M ESQ
692 GOODLETTE RD N
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 ☐ Delete
NAME **MONACELL, DAVID A**
STREET ADDRESS **4800 BAY VIEW DR #702**
CITY-ST-ZIP **FT LAUDERDALE, FL 33308**

TITLE VS ☐ Delete
NAME **MARTINEZ, JEREMY C**
STREET ADDRESS **13515 ISLAND RD**
CITY-ST-ZIP **FT MYERS, FL 33905**

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS **6821 TECH CT.**
CITY-ST-ZIP **FT. MYERS, FL 33905**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **13486 Caribbean**
CITY-ST-ZIP **Fort Myers, FL 33905**

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

TITLE ☐ Change ☐ Addition
NAME
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #