

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90262 019 ***150.00

DOCUMENT # P03000080293

1. Entity Name
FLORIDA KINGAIR I, INC.



Principal Place of Business

**304 CITATION POINT
NAPLES, FL 34104**

Mailing Address

**304 CITATION POINT
NAPLES, FL 34104**

2. Principal Place of Business

200 Aviation Dr

3. Mailing Address

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.

City & State

Naples-Florida

City & State

Zip
34104

Country
USA

Zip

Country

04192004

Chg-P

CR2E034 (10/03)

4. FEI Number

46-1702175

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name **Rudi Dekkers**

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

200 Aviation Dr, Suite 1

City **Naples**

FL

Zip Code
34104

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-registering)

DATE

4/20/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

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

**PSTD
DEKKERS, RUDI H.G.
304 CITATION POINT
NAPLES, FL 34104**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DEKKERS, Rudi H.G.
200 Aviation Dr Suite 1
Naples, FL 34104**

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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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 and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/20/04