2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/12/

FILED
Sep 02, 2004 8:00 am
Secretary of State
07-12-2004 90021 019 ***150.00

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1. Entity Name
PCH AVIATION, INC.

Principal Place of Business	Mailing Address
25 FLORIDA PARK DR., SUITE E PALM COAST, FL 32137	25 FLORIDA PARK DR., SUITE E PALM COAST, FL 32137

66433067

05052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
25 Cottonwood Ct	25 Cottonwood Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Coast FL	City & State: Palm Coast FL 32137
Zip: 32137 Country: USA	Zip: 32137 Country: USA

4. FEI Number 20-1560429 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MITCHELL, JEROME D
400 S. PALMETTO AVE.
DAYTONA BCH, FL 32114

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	
(blank)	☐ Delete
(blank)	☐ Delete
(blank)	☐ Delete
(blank)	☐ Delete
(blank)	☐ Delete
(blank)	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
President, Sec.	Dorothy M. Hoffman	25 Cottonwood Ct	Palm Coast FL 32137	☐ Change ☒ Addition
V. President, TRES.	Brian F. Salle	25 Cottonwood Ct	Palm Coast FL 32137	☐ Change ☒ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

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: Brian Salle V. President — 8/31/04 — 386 931-4281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #