

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000110230

Entity Name: PCH AVIATION, INC.

FILED
May 12, 2005
Secretary of State

Current Principal Place of Business:

25 COTTONWOOD CT
PALM COAST, FL 32137

New Principal Place of Business:

16 TIDEWATER DR
ORMOND BEACH, FL 32174

Current Mailing Address:

25 COTTONWOOD CT
PALM COAST, FL 32137

New Mailing Address:

16 TIDEWATER DR
ORMOND BEACH, FL 32174

FEI Number: 20-1560429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: HOFFMAN, DOROTHY M
Address: 25 COTTONWOOD CT
City-St-Zip: PALM COAST, FL 32137

Title: VPT () Delete
Name: SALLE, BRIAN T
Address: 25 COTTONWOOD CT
City-St-Zip: PALM COAST, FL 32137

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: HOFFMAN, DOROTHY M
Address: 16 TIDEWATER DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: P (X) Change () Addition
Name: SALLE, BRIAN T
Address: 16 TIDEWATER DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP () Change (X) Addition
Name: SALLE, KAREN M
Address: 16 TIDEWATER DR
City-St-Zip: DAYTONA BEACH, FL 32174

Title: VP () Change (X) Addition
Name: LEWIS, ERIC
Address: 16 TIDEWATER DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP () Change (X) Addition
Name: SCHRIVER, DAVID T
Address: 16 TIDEWATER DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: S/T () Change (X) Addition
Name: THOMAS, BONNIE
Address: 16 TIDEWATER DR
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN SALLE

P

05/12/2005

Electronic Signature of Signing Officer or Director

_____ Date