2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000110230

1. Entity Name
PCH AVIATION, INC.

FILED
05 JUL 21 AM 10:55
SECRETARY OF STATE
TALLAHASSEE

07122005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
16 TIDEWATER DR ORMOND BEACH, FL 32174	16 TIDEWATER DR ORMOND BEACH, FL 32174

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

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	7. Name and Address of New Registered Agent
MITCHELL, JEROME D 400 S. PALMETTO AVE. DAYTONA BCH, FL 32114	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

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP HOFFMAN, DOROTHY M 16 TIDEWATER DR ORMOND BEACH, FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition 500058044596 07/29/05--01047--013 **61.25
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P SALLE, BRIAN T 16 TIDEWATER DR ORMOND BEACH, FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP SALLE, KAREN M 16 TIDEWATER DR DAYTONA BEACH, FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☒ Change ☐ Addition ORMOND BEACH
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP LEWIS, ERIC 16 TIDEWATER DR ORMOND BEACH, FL 32174	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP SCHRIVER, DAVID T 16 TIDEWATER DR ORMOND BEACH, FL 32174	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S/T THOMAS, BONNIE 16 TIDEWATER DR ORMOND BEACH, FL 32174	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ 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: Karen M. Salle' KAREN M. SALLE' 7-12-05 386 447-6111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #