

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

DOCUMENT # P03000128728

1. Entity Name

LEBARRON AVIATION & VINTAGE RESTORATION, INC.



Principal Place of Business

106 ACES ALLEY
PORT ORANGE FL 32128

Mailing Address

1881 SPRUCE CREEK BLVD EAST
PORT ORANGE FL 32128

2. Principal Place of Business

106 ACES ALLEY

Suite, Apt. #, etc.

N/A

City & State

PORT ORANGE & FL

Zip

32128

Country

USA

3. Mailing Address

106 ACES ALLEY

Suite, Apt. #, etc.

N/A

City & State

PORT ORANGE

Zip

32128

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

20-0383723

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEBARRON, JEROME C
1881 SPRUCE CREEK BLVD EAST
PORT ORANGE FL 32128

7. Name and Address of New Registered Agent

Name

LEBARRON, JEROME C

(SAME)

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

106 ACES ALLEY

(CHANGE)

City

PORT ORANGE

(SAME)

FL

Zip Code

32128

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

Make Check Payable to Florida Department of State

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

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

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☐ 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: JEROME CHARLES LEBARRON

Date

04/26/04

Daytime Phone #

(386) 451
3493