

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90342 004 ***150.00

DOCUMENT # P03000145433

1. Entity Name
ZEPHYR AVIATION, INC.



Principal Place of Business
**14141 5TH STREET
DADE CITY, FL 33525 US**

Mailing Address
**POST OFFICE BOX 1568
ZEPHYRHILLS, FL 33540 US**

50038547



2. Principal Place of Business
36705 Paddock Lane

3. Mailing Address
Suite, Apt. #, etc.

04042005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

City & State
Zephyrhills, FL

City & State

4. FEI Number
20-0446208

Applied For
Not Applicable

Zip
33541

Country

Zip
33539

Country

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

**NEWLON, JONATHAN W
14141 5TH STREET
DADE CITY, FL 33525**

Name
Charles R. Porter

Street Address (P.O. Box Number is Not Acceptable)
36705 Paddock Lane

City
Zephyrhills FL Zip Code 33541

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: *Charles R. Porter Pres*
Charles R. Porter

4-12-05

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 11

TITLE
PD ☐ Delete

NAME
PORTER, CHARLES R

STREET ADDRESS
POST OFFICE BOX 1568

CITY-ST-ZIP
ZEPHYRHILLS, FL 33540

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP
Zephyrhills, FL 33539-1568

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME
S/T PORTER, Priscilla M.

STREET ADDRESS
PO Box 1568

CITY-ST-ZIP
Zephyrhills, FL 33539-1568

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

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TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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: *Charles R. Porter*
Charles R. Porter

4-12-05 **813-788-7729**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #