

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90044 043 \*\*\*150.00

**DOCUMENT # P03000147621**

1. Entity Name  
**CALYPSO AIRLINE, INC.**



Principal Place of Business  
**340 ROYAL PALM WAY, SUITE 100  
PALM BEACH, FL 33480**

Mailing Address  
**340 ROYAL PALM WAY, SUITE 100  
PALM BEACH, FL 33480**

**94037558**

2. Principal Place of Business  
**1100 Lee Wagener Blvd**

3. Mailing Address  
**1100 Lee Wagener Blvd.**

Suite, Apt. #, etc.  
**Suite 206**

Suite, Apt. #, etc.  
**Suite 206**

City & State  
**Ft./Lauderdale, FL**

City & State  
**Ft. Lauderdale, FL**

Zip  
**33315**

Country  
**US**

Zip  
**33315**

Country  
**US**

03092004 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-0471840**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**PILOTTE, FRANK T-ESQ.**  
**340 ROYAL PALM WAY, SUITE 100**  
**PALM BEACH, FL 33480**

## 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 **X**

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**

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

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **LANGSTON, KENNETH W**  
STREET ADDRESS **4130 N.E. 23RD AVENUE**  
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 330647344**

TITLE ☐ Delete  
NAME **Langston, Kenneth W**  
STREET ADDRESS **4130 N.E. 23RD AVENUE**  
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 330647344**

TITLE ☐ Delete  
NAME **Langston, Kenneth W**  
STREET ADDRESS **4130 N.E. 23RD AVENUE**  
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 330647344**

TITLE ☐ Delete  
NAME **Langston, Kenneth W**  
STREET ADDRESS **4130 N.E. 23RD AVENUE**  
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 330647344**

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TITLE ☐ Delete  
NAME **Langston, Kenneth W**  
STREET ADDRESS **4130 N.E. 23RD AVENUE**  
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 330647344**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME **P/D**  
STREET ADDRESS **Berry, Frank**  
CITY-ST-ZIP **1100 Lee Wagener Blvd #206**

TITLE ☐ Change ☒ Addition  
NAME **Berry, Frank**  
STREET ADDRESS **1100 Lee Wagener Blvd #206**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33315**

TITLE ☐ Change ☒ Addition  
NAME **VP**  
STREET ADDRESS **Daniel Carrigan**  
CITY-ST-ZIP **1100 Lee Wagener Blvd. #206**

TITLE ☐ Change ☒ Addition  
NAME **T/D**  
STREET ADDRESS **Louis Macloskey**  
CITY-ST-ZIP **615 Forum Place, St 1-A**

TITLE ☐ Change ☒ Addition  
NAME **S**  
STREET ADDRESS **Tory, Daniel**  
CITY-ST-ZIP **1100 Lee Wagener Blvd #206**

TITLE ☐ Change ☐ Addition  
NAME **Tory, Daniel**  
STREET ADDRESS **1100 Lee Wagener Blvd #206**  
CITY-ST-ZIP **Ft Lauderdale, FL 33315**

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 powers like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/04**

Date

**954-359-4178**

Daytime Phone #