


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90031 037 ***150.00

DOCUMENT # P04000062006	
1. Entity Name TOP FLIGHT AIRCRAFT, INC.	

Principal Place of Business 12773 WEST FOREST HILL BLVD. SUITE 206 WELLINGTON, FL 33414	Mailing Address 12773 WEST FOREST HILL BLVD. SUITE 206 WELLINGTON, FL 33414
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2. Principal Place of Business 15510 Take Off Place Suite, Apt. #, etc.	3. Mailing Address 15510 Take Off Place Suite, Apt. #, etc.
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City & State Wellington, Florida	City & State Wellington, Florida
Zip 33414	Zip 33414
Country	Country



02232005 Chg-P CR2E034 (10/03)

4. FEI Number 37-1488694	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HENDERSON, A. FAXON JR +2773 WEST FOREST HILL BLVD. SUITE 206 WELLINGTON, FL 33414	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12773 West Forest Hill Blvd. City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/S/D Nicholas Roosevelt 15510 Take Off Place Wellington, Florida 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Nicholas Roosevelt **Nicholas Roosevelt, President** 03-23-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #