

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90290 026 \*\*\*150.00

**DOCUMENT # P04000082902**

1. Entity Name  
**REDBEACH AVIATION, INC.**



Principal Place of Business  
**101 SHOALS CIRCLE  
N REDINGTON BEACH, FL 33708**

Mailing Address  
**101 SHOALS CIRCLE  
N REDINGTON BEACH, FL 33708**

**50050725**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05032005

Chg-P

CR2E034 (10/03)

4. FEI Number

**20-1166369**

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

**POTERBIN, W. DOUGLAS  
101 SHOALS CIRCLE  
N REDINGTON BEACH, FL 33708**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
POTERBIN, W. DOUGLAS  
101 SHOALS CIRCLE  
N REDINGTON BEACH, FL 33708** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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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)(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:**

*W. Douglas Poterbin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAY 3, 2005**

Date

**727-392-7361**

Daytime Phone #

Attachment

50050725  
PO4000088908  
**RedBeach Aviation**

WILLIAM DOUGLAS POTERBIN  
101 SHOALS CIRCLE  
N REDINGTON BEACH, FL 33708

May 3, 2005

Florida Department of State  
Secretary of State  
Glenda E Hood  
Division of Corporations  
PO Box 6198  
Tallahassee, FL 32314-6198

Dear Ms Hood

*This is the first year my company has been in existence. I was also living outside the United States from January 8<sup>th</sup> to March 8<sup>th</sup>. I was not aware of the Annual Report requirement until meeting with my accountant on May 3<sup>rd</sup>. Due to the circumstances, I hope you can allow leniency for the May 1<sup>st</sup> deadline.*

Sincerely



W Douglas Poterbin  
RedBeach Aviation