

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90292 035 \*\*\*150.00

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<b>DOCUMENT # P04000155417</b> 1. Entity Name <b>CARMICHAEL AEROSPACE SALES GROUP INC.</b>					
Principal Place of Business <del>POST OFFICE BOX 171724</del> <del>CLERMONT, FL 34712-1724</del>				Mailing Address <del>POST OFFICE BOX 171724</del> <del>CLERMONT, FL 34712-1724</del>	
2. Principal Place of Business <b>15380 CR 565 A</b> Suite, Apt. #, etc. <b>Suite F</b> City & State <b>Groveland FL</b> Zip <b>34736</b>		3. Mailing Address <b>15380 CR 565 A</b> Suite, Apt. #, etc. <b>Suite F</b> City & State <b>Groveland FL</b> Zip <b>34736</b>		01252005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>20-2253255</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MORAN, MICHAEL P</b> <b>15380 CR 565 A</b> <b>SUITE F</b> <b>GROVELAND, FL 34736</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORAN, MICHAEL P</b> <b>15380 CR 565 A #F</b> <b>GROVELAND, FL 34736</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> 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 or other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4-20-05</b>		Daytime Phone # <b>352-241-7657</b>