

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90295 046 ***150.00

DOCUMENT # P17096

1. Entity Name

FLIGHT OPERATIONS, INC.



Principal Place of Business

2885 W. WILLOW LAKE DR
PEORIA IL 61614-1134
US

Mailing Address

2885 W. WILLOW LAKE DR
PEORIA IL 61614-1134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

37-1136347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME OWENS, RICHARD L.
STREET ADDRESS 734 BROOKFOREST DRIVE
CITY-ST-ZIP PEORIA IL 61615

TITLE S ☐ Delete
NAME PLEVEL, LINDA S.
STREET ADDRESS 7409 N. PICCADILLY
CITY-ST-ZIP PEORIA IL 61615

TITLE PT ☐ Delete
NAME OWENS, RICHARD L.
STREET ADDRESS 828 W. SAVANNA CT
CITY-ST-ZIP DUNLAP IL 61525

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE DPT ☒ Change ☐ Addition
NAME *Owens, Richard L. Jr.*
STREET ADDRESS
CITY-ST-ZIP

TITLE ASD ☐ Change ☒ Addition
NAME OWENS, DENNIS
STREET ADDRESS 327 W CEDAR HILLS DRIVE
CITY-ST-ZIP CHILLICOTHE IL 61523

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

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:

Linda S. Plevel Linda S. Plevel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-04 (309) 691-9292

Date

Daytime Phone #