

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90109 011 ***150.00

DOCUMENT # P31877

1. Entity Name
CRESTVIEW AEROSPACE CORPORATION



Principal Place of Business
**CRESTVIEW AEROSPACE CORP.
5486 FAIRCHILD ROAD
CRESTVIEW, FL 32539-8157 US**

Mailing Address
**CRESTVIEW AEROSPACE CORP.
5486 FAIRCHILD ROAD
CRESTVIEW, FL 32539-8157 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03012005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3042245

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

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

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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
**CD
SHANKLIN, CHARLES E.
ESPERANZA
VIEQUES, PR 00765** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROOKS, JEAN
P.O. Box 5188
NICEVILLE, FL 32578** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SAWYER, JOHN
1 E. 4TH ST, 12TH FL
CINCINNATI, OH 45202** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
RICKY ATEES
Box 4672 COLE LANE
HOLT, FL 32564** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SHANKLIN, CHARLES R.
1763 OSPREY COVE
NICEVILLE, FL 32578** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
1421 RUM STILL CIRCLE
NICEVILLE, FL 32578** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SHANKLIN, THOMAS E
1056 LAKE WAY DRIVE
NICEVILLE, FL 32578** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
THOMAS HASSETT
146 POQUITO ROAD
SHALIMAR, FL 32579** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GUSTAFSON, ANN
118 MEADOWBROOK CT.
NICEVILLE, FL 32578** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SHIELDS, ANN
1718 EVANS CT
NICEVILLE, FL 32578** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHANKLIN, JOHN R
109 COUNTRY CLUB DR.
NICEVILLE, FL 32578** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
5842 WILLOW LANE
CRESTVIEW, FL 32539** ☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP-FINANCE

Date

4-25-05 850-682-2746

Daytime Phone #

X266