

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000061462

1. Entity Name  
SUNQUEST AVIATION, INC.



Principal Place of Business  
11600 AVIATION BLVD.  
SUITE 20  
WEST PALM BEACH, FL 33412 US

Mailing Address  
11600 AVIATION BLVD.  
SUITE 20  
WEST PALM BEACH, FL 33412 US



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0429708

App'd For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GETZ, JENIFER  
NORTH COUNTY AIRPORT  
11600 AVIATION BLVD  
WEST PALM BEACH, FL 33412

**DO NOT WRITE  
IN THIS SPACE**

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 of Secretary of State or registered agent and title (Applicable)

Signature of Registered Agent (Signature required when changing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
PD  
GETZ, JENIFER  
17611 123RD TERR N  
JUPITER, FL

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
VD  
GETZ, DAN  
17611 123RD TERR N  
JUPITER, FL

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

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CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

000000139820  
04/29/04-80137-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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

4/26/04

DATE

561-627-0037