

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90382 021 ***150.00

DOCUMENT # P93000085296					
1. Entity Name TAKE FLIGHT, INC.					
Principal Place of Business 2933 W SR 434 SUITE 131 LONGWOOD, FL 32779 --US--			Mailing Address 2933 W SR 434 SUITE 131 LONGWOOD, FL 32779 --US--		
2. Principal Place of Business 6000 METRO WEST BLVD Suite, Apt. #, etc. 105		3. Mailing Address 6000 METRO WEST BLVD Suite, Apt. #, etc. 105			
City & State ORLANDO FL		City & State ORLANDO FL		4. FEI Number 59-3212669	
Zip 32835		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSSHE, ZEEV 2933 W SR 434 SUITE 131 LONGWOOD, FL 32779			7. Name and Address of New Registered Agent Name: MOSHE ZEEV Street Address (P.O. Box Number is Not Acceptable): 6000 METRO WEST BLVD #105 City: ORLANDO FL Zip Code: 32835		
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: (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P MOSHE, ZEEV 140 N. WESTMONTE DR., #105 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSHE ZEEV 808 9 ST ANDREWS CIRCLE ORLANDO FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSHE, MICHAELA 140 N. WESTMONTE DR., #105 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSHE MICHAELA 808 9 ST ANDREWS CIRCLE ORLANDO FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 life empowered.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4/16/04					
Daytime Phone #					