

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90268 032 ***150.00

DOCUMENT # P94000033624

1. Entity Name
CAROLINA AVIATION, INC.



Principal Place of Business
15500 EVERGREEN AVENUE
CLEARWATER, FL 34622

Mailing Address
2888 LACONCHA DR
CLEARWATER, FL 34622 US

44040000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SELBY, JOHN W
2888 LACONCHA
CLEARWATER, FL 34622

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME BYRNE, JOHN B
STREET ADDRESS 2881 LA CONCHA DR
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE SD ☐ Delete
NAME SELBY, JOHN W
STREET ADDRESS 2888 LACONCHA DRIVE
CITY-ST-ZIP CLEARWATER, FL 34622

TITLE TD ☒ Delete
NAME HIMMEL, JEFFREY C
STREET ADDRESS 313 E ROBERTSON
CITY-ST-ZIP BRANDON, FL 33511

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 *PD JOHN G. Sellers*
STREET ADDRESS *138 No. Wood Av. Ste B*
CITY-ST-ZIP *BRANDON, FL 33510*

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

TITLE ☐ Change ☒ Addition
NAME *VD THOMAS HEAD*
STREET ADDRESS *1293 No. McMullen Booth*
CITY-ST-ZIP *CLEARWATER, FL 33759*

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

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 another like empowered.

X

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 MAR 04

Date

727-573-5646

Daytime Phone #