


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000057581	
1. Entity Name EXEC U FLITES, INC.	

Principal Place of Business 8531 WEEPING WILLOW WAY ORLANDO, FL 32817	Mailing Address 8531 WEEPING WILLOW WAY ORLANDO, FL 32817 US
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DO NOT WRITE IN THIS SPACE



04162005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3327394	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MAGILL, PATRICK M 2110 E ROBINSON ST ORLANDO, FL 32803	DO NOT WRITE IN THIS SPACE
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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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BAZEMORE, BARNEY R 8531 WEEPING WILLOW WAY ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BAZEMORE, MARY E 8531 WEEPING WILLOW WAY ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000319125
04/20/05-80085-025 150.00

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)(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: <i>Mary E Bazemore</i>	4-18-05	407/671-5507
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Mary E Bazemore</i>	Date	Daytime Phone #