

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90068 010 ***150.00

DOCUMENT # P95000077217 1. Entity Name DISCOVERY AIR CHARTER, INC.			
Principal Place of Business 7003 CHALLENGER AVE. TITUSVILLE, FL 32780		Mailing Address 7003 CHALLENGER AVE. TITUSVILLE, FL 32780	
2. Principal Place of Business 7000 Challenger Ave. Suite, Apt. #, etc.		3. Mailing Address 7000 Challenger Ave. Suite, Apt. #, etc.	
City & State Titusville FL Zip 32780 Country		City & State Titusville FL Zip 32780 Country	
4. FEI Number 59-3337031		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04042005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent JUHL, MARVIN T 7003 CHALLENGER AVE. TITUSVILLE, FL 32780		7. Name and Address of New Registered Agent Name Juhl, Marvin T. Street Address (P.O. Box Number is Not Acceptable) 7000 Challenger Ave. City Titusville FL Zip Code 32780	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME JUHL, MARVIN T STREET ADDRESS 7003 CHALLENGER AVE. CITY-ST-ZIP TITUSVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 7000 challenger Avenue CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME JUHL, LORRAINE M. STREET ADDRESS 7003 CHALLENGER AVE. CITY-ST-ZIP TITUSVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 7000 challenger Avenue CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.			
SIGNATURE: <u>Marvin T. Juhl</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		08 Apr 2005 (321) 403-8462 <small>Date Daytime Phone #</small>	