

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000035115

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: FLORIDA AVIATION CHARTER, INC.

## Current Principal Place of Business:

4900 U.S. 1 NORTH  
SUITE 200  
ST. AUGUSTINE, FL 32095

## New Principal Place of Business:

## Current Mailing Address:

4900 U.S. 1 NORTH  
SUITE 200  
ST. AUGUSTINE, FL 32095

## New Mailing Address:

FEI Number: 59-3389193

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, DUANE  
4900 U.S. 1 NORTH  
SUITE 200  
ST. AUGUSTINE, FL 32095 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BROWN, DUANE  
Address: 4900 U.S. 1 NORTH, SUITE 200  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D ( ) Delete  
Name: OTTESEN, BJORN  
Address: 4900 U.S. 1 NORTH  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D ( ) Delete  
Name: STOCKDALE, KENNETH  
Address: 14 2ND STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D ( ) Delete  
Name: WELCH, BEN  
Address: 5724 CROSSWINDS CIRCLE, SUITE 101  
City-St-Zip: ST. AUGUSTINE, FL 32092

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BJORN K OTTESEN

D

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date