

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90020 030 ***158.75

DOCUMENT # P97000057584

1. Entity Name
EXECJET CHARTER, INC.



Principal Place of Business

**2665 NW 56TH ST
HANGER #18
FT LAUDERDALE, FL 33309**

Mailing Address

**6363 NW 6TH WAY
STE 400
FT LAUDERDALE, FL 33309**

54012820



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0799884

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MACINNESS, DENNIS M
C/O MORSE OPERATIONS, INC.
6363 NW 6TH WAY, SUITE 400
FT LAUDERDALE, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

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
NAME	MORSE, EDWARD J JR
STREET ADDRESS	6363 NW 6TH WAY, SUITE 400
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	ST
NAME	MACINNES, DENNIS M
STREET ADDRESS	6363 NW 6TH WAY, SUITE 400
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	VD
NAME	BEAVER, RICHARD L
STREET ADDRESS	6363 NW 6TH WAY, SUITE 400
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	DC
NAME	MORSE, EDWARD J
STREET ADDRESS	6363 NW 6TH WAY, SUITE 400
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	V
NAME	Beaver, Elizabeth A.
STREET ADDRESS	6363 NW 6th Way, Suite 400
CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis M. MacInnes 2/6/04 954-351-0055

Date

Daytime Phone #