

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-27-2004 90093 012 ***150.00

DOCUMENT # P97000067249

1. Entity Name
PARAMETER AVIATION, INC.



Principal Place of Business

661631
MIAMI SPRINGS, FL 33266

Mailing Address

661631
MIAMI SPRINGS, FL 33266

2. Principal Place of Business

2713 Gold Rush Lane

3. Mailing Address

2713 Gold Rush LN



Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142004

Chg-P

CR2E034 (10/03)

City & State

CARROLLTON, TX

City & State

CARROLLTON, TX

4. FEI Number

65-0772206

Applied For

Not Applicable

Zip

75007

Country

USA

Zip

75007

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEPARD, CHARLES
11620 SW 105 TR
MIAMI, FL 33176

7. Name and Address of New Registered Agent

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SHEPARD, CHARLES
11620 SW 105 TR
MIAMI, FL 33176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

972-242-5999

April 15, 2004