

FILED

Apr 21, 2005 08:00 AM
Secretary of State2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000008973		
1. Entity Name BIG BIRD AVIATION, INC.		
Principal Place of Business 5280 NW 21ST AVE HANGER #58 FORT LAUDERDALE, FL 33309		Mailing Address 5280 NW 21ST AVE HANGER #58 FORT LAUDERDALE, FL 33309
DO NOT WRITE IN THIS SPACE		
04082005 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0837140		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BRADLEY, RICHARD 1833 E VINE ST STE #207 KISSIMMEE, FL 34744		DO NOT WRITE IN THIS SPACE
a. 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 state it applies (NOTE: Registered Agent signature required when changing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 BAUR, TOM 2601 SW 14TH CT DEERFIELD BEACH, FL 33442	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BAUR, CINDY 2601 SW 14TH CT DEERFIELD BEACH, FL 33442	
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		APR 08 2005 954-772-4706 Date Daytime Phone