


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000016435 1. Entity Name AIRCRAFT RESTORATION COMPANY, INC.	
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Principal Place of Business 5430 WINFREE DR ORLANDO, FL 32812	Mailing Address 5430 WINFREE DR ORLANDO, FL 32812
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3497118	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COSTIN, CHARLES A 413 WILLIAMS AVE PORT ST. JOE, FL 32456	DO NOT WRITE IN THIS SPACE
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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	U000000223411 02/10/05-80040-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, ROBERT E 812 SUNSET RIDGE DR CROSSVILLE, TN 38571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CLARK, DIANNE K 812 SUNSET RIDGE DR CROSSVILLE, TN 38571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLACKBURN, JOHN 5430 WINFREE DR ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(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 fee empowered

SIGNATURE:  President	02/07/05	931-484-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #