2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State
03-03-2005 90174 032 ***150.00

DOCUMENT # P99000024464

1. Entity Name
CORE STORE AVIATION, INC.

40025218

01312005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
2240 SW 70 AVE H1 DAVIE, FL 33317	2240 SW 70 AVE H1 DAVIE, FL 33317

2. Principal Place of Business	3. Mailing Address
744 S. ROSSITER ST.	744 S. ROSSITER ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MOUNT DORA, FL	City & State: MOUNT DORA, FL
Zip: 32757-6139 Country: USA	Zip: 32757-6139 Country: USA

4. FEI Number: 65-0916659 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COURY, LEO A JR
2240 SW 70 AVE
H1
DAVIE, FL 32301-2525

7. Name and Address of New Registered Agent

Name: COURY, LEO A JR
Street Address (P.O. Box Number is Not Acceptable): 744 S. ROSSITER ST.
City: MOUNT DORA FL Zip Code: 32757-6139

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] DATE: 3-1-5
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COURY, LEO A JR. 1018 SOUTHWEST 149TH TERRACE SUNRISE, FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COURY, LEO A JR, 744 S. ROSSITER ST, MOUNT DORA FL 32757-6139	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COURY, DONNA 1018 SOUTHWEST 149TH TERRACE SUNRISE, FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COURY, DONNA 744 S. ROSSITER ST. MOUNT DORA, FL 32757-6139	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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] 3-1-5 352-383-6776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #