2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000101958

1. Entity Name
EXPRESS AVIATION, INC.

Principal Place of Business
2400 W 84 STREET STE 20
MIAMI LAKES, FL 33016

Mailing Address
2400 W 84 STREET STE 20
MIAMI LAKES, FL 33016

01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0964807 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BIVENS, WILLIAM E
14520 MUSTANG TRAIL
FT LAUDERDALE, FL 33330

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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 _____
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, 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	P
NAME	BIVENS, WILLIAM E
STREET ADDRESS	14520 MUSTANG TRAIL
CITY-ST-ZIP	FORT LAUDERDALE, FL 33330
TITLE	VP
NAME	BIVENS, BARBARA
STREET ADDRESS	14520 MUSTANG TRAIL
CITY-ST-ZIP	FORT LAUDERDALE, FL 33330
TITLE	D
NAME	BIVENS, RYAN MICHAEL
STREET ADDRESS	14520 MUSTANG TRAIL
CITY-ST-ZIP	FORT LAUDERDALE, FL 33330
TITLE	D
NAME	BIVENS, AMANDA JOY
STREET ADDRESS	14520 MUSTANG TRAIL
CITY-ST-ZIP	FORT LAUDERDALE, FL 33330
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/05-80013-022 150.00

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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)(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: William E. Bivens 04/06/2005 305-819-3909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #