

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S73088**

1. Entity Name  
PORT EVERGLADES PILOTS, INC.



Principal Place of Business  
1833 S.E. 17TH ST.  
FT. LAUDERDALE, FL 33316

Mailing Address  
1833 S.E. 17TH ST.  
FT. LAUDERDALE, FL 33316



02182004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0282223

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

JACKSON, ROBERT I.  
1833 S.E. 17TH STREET  
FT. LAUDERDALE, FL 33316

**DO NOT WRITE  
IN THIS SPACE**

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 SD  
NAME ARRAND, S D  
STREET ADDRESS 1833 SE 17TH ST  
CITY - ST - ZIP FORT LAUDERDALE, FL 33316

TITLE VD  
NAME HOYE, K E  
STREET ADDRESS 1833 SE 17TH ST  
CITY - ST - ZIP FORT LAUDERDALE, FL 33316

TITLE VD  
NAME PARENT, ROLAND R.  
STREET ADDRESS 705 S. E. 5TH COURT  
CITY - ST - ZIP FT. LAUDERDALE, FL

TITLE VD  
NAME JACKSON, ROBERT I.  
STREET ADDRESS 1833 SE 17TH STREET  
CITY - ST - ZIP FT. LAUDERDALE, FL

TITLE VD  
NAME WINSLOW, G H  
STREET ADDRESS 1833 SE 17TH ST  
CITY - ST - ZIP FORT LAUDERDALE, FL 33316

TITLE PD  
NAME CORMACK, KEVIN L  
STREET ADDRESS 715 SE 9 ST  
CITY - ST - ZIP FORT LAUDERDALE, FL 33316

000000068343  
02/27/04-80037-015 150.00

**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)(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.

Scott D. Arrand

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-24-04 954-522-4491