2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # V71613				FILED Apr 30, 2005 08:00 AM
1. Entity Name NORTHWEST FLORIDA AIRCRAFT, INC.				Secretary of State
17403 FRO	ce of Business NT BEACH ROAD ITY BEACH FL 32413	Mailing Address 17403 FRONT BEACH PANAMA CITY BEAC		
2. Principal F	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 59-3144583 Applied For Not Applicable
Zıp	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
······	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
HUNDLEY, JOHN			Name	· · · · · · · · · · · · · · · · · · ·
174	03 FRÓNT BEACH ROAD NAMA CITY BEACH FL 324	13	Street Address	s (P.O. Box Number is Not Acceptable)
		····	City	FL Zip Code ered agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE	Signature, typed or printed name of registered agent		E Rogsisred Agent signature requi	ed when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be
	May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department o	f State		Trust Fund Contribution.
10.	OFFICERS AND		11. IIIIF	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY - ST - ZIP	HUNDLEY, JIM 17403 FRONT BEACH ROD PANAMA CITY BEACH FL		NAME STREET ADDRESS GTFY: ST- ZIP	U00000351219 05/02/05-80136-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUNDLEY, JOHN 17403 FRONT BEACH RD PANAMA CITY BEACH FL	Delete	TITLE NAME STREET ADDRESS CUTY ST-7/P	Change Additio
ITLE NAME STREET ADDRESS CITY-ST-ZIP		🗋 Delete	TITLE NAME STREET ADDRESS CITY - ST-ZIP	🗍 Change 🗌 Adddir.
HILE NAME STREET ADDRESS CHY - ST- ZIP		Delete	HFLE NAME STREET ADDRESS CHTY: ST-ZIP	🗌 Change 🦳 Addition
TITLE NAME STREET ADDRESS CITY-ST-71P		Delete	TITLE NAME STREET ADDRESS CETY - ST-ZIP	🗌 Change 🦳 Add 31.
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	THEF NAME STREFT ADDRESS CITY-ST-ZIP	Change 🗌 Addillir
12. I hereby of indicated of the cor changed,	on this report or supplemental report is poration or the receiver or trustee emproor on an attachment with an address, n	i frue and accurate and that r owered to execute this report with all other like empowered	ny signature shall have the as required by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes, and that my name appears in Block 10 or Block 11 if 0.4/28/055