


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 365975 1. Entity Name POMPANO SENIOR SQUADRON FLYING CLUB, INC.	
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Principal Place of Business 1950 N.E. 6 STREET P.O. BOX 1762 POMPANO BEACH, FL 33060	Mailing Address 1950 N.E. 6 STREET P.O. BOX 1762 POMPANO BEACH, FL 33060
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03252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1416663	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELLGREN, LAURENCE
 5400 N OCEAN BLVD #32
 FT. LAUDERDALE, FL 33308

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 _____ DATE _____
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000121808 04/21/04-80003-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MELLGREN, LAURENCE 5400 N. OCEAN BLVD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SHERMAN, JAMES 2171 NW 40TH TERR COCONUT CREEK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MAGNON, JOHN 2800 S OCEAN BLVD #6C BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRIS, JEFFERY 6070 VERDE TRAIL #604 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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)(c), 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: James Sherman Treasurer April 17, 2004 954-973-9138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #