



**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90109 011 \*\*\*150.00

<b>DOCUMENT # P31877</b>					
1. Entity Name CRESTVIEW AEROSPACE CORPORATION					
Principal Place of Business CRESTVIEW AEROSPACE CORP. 5486 FAIRCHILD ROAD CRESTVIEW, FL 32539-8157 US			Mailing Address CRESTVIEW AEROSPACE CORP. 5486 FAIRCHILD ROAD CRESTVIEW, FL 32539-8157 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3042245	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHANKLIN, CHARLES E.		NAME	BROOKS, JEAN	
STREET ADDRESS	ESPERANZA		STREET ADDRESS	P.O. BOX 5188	
CITY-ST-ZIP	VIEQUES, PR 00765		CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAWYER, JOHN		NAME	RICKY ATEES	
STREET ADDRESS	1 E. 4TH ST, 12TH FL		STREET ADDRESS	Box 4672 COLE LANE	
CITY-ST-ZIP	CINCINNATI, OH 45202		CITY-ST-ZIP	HOLT, FL 32564	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANKLIN, CHARLES R.		NAME		
STREET ADDRESS	1763 OSPREY COVE		STREET ADDRESS	1421 RUM STILL CIRCLE	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHANKLIN, THOMAS E		NAME	THOMAS HASSETT	
STREET ADDRESS	1056 LAKE WAY DRIVE		STREET ADDRESS	146 POQUITO ROAD	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	SHALIMAR, FL 32579	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUSTAFSON, ANN		NAME	SHIELDS, ANN	
STREET ADDRESS	118 MEADOWBROOK CT.		STREET ADDRESS	1718 EVANS CT	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANKLIN, JOHN R		NAME		
STREET ADDRESS	109 COUNTRY CLUB DR.		STREET ADDRESS	5842 WILLOW LANE	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	CRESTVIEW, FL 32539	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		VP-FINANCE		4-25-05 850-682-2746	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				X266	