


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 636507 1. Entity Name HILLIARD AVIATION, INC.	
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Principal Place of Business P.O. BOX 549 HILLIARD, FL 32046	Mailing Address P.O. BOX 549 HILLIARD, FL 32046
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1953257	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SISSON, GENE P.
END OF WILLIE HODGES RD.
HILLIARD, FL 32046

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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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P BAILEY, JACK 37661 KINGS FERRY RD HILLIARD, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLAY, KEN 37661 KINGS FERRY RD HILLIARD, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAULK, ROBERT A. 3740 BESSENT RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENSON, JOSEPH E WILLIE HODGES RD HILLIARD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000180729
01/14/05-80018-022 150.00

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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.

SIGNATURE: Joseph E. Benson Treas. 1/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #