


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90035 044 ***158.75

DOCUMENT # H78347
 1. Entity Name
WANER AVIATION, INCORPORATED



Principal Place of Business: **PALM BEACH INTERNATIONAL AIRPORT WEST PALM BEACH, FL 33406 US**
 Mailing Address: **P. O. BOX 18229 WEST PALM BEACH, FL 33416 US**

54015457





2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

02182004 Chg-P CR2E034 (10/03)

4. FEI Number: **65-0101080**
 Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
DAVID GAYNES EXP.

David M. Gaynes
Attorney at Law
2736 Misty Oaks Circle
Royal Palm Beach, FL 33411

7. Name and Address of New Registered Agent
 Name: **David M. Gaynes**
 Street Address:  **Attorney at Law**
2736 Misty Oaks Circle
Royal Palm Beach, FL 33411
 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: **DAVID H. GAYNES, ESQUIRE** DATE: **2/18/04**
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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	JUNIOR WAYNE G WAYNE GARNER, JR.
STREET ADDRESS	16391 EAST BRIGHTDA DRIVE
CITY-ST-ZIP	LOXAHATCHEE, FL 334704124
TITLE	VP <input type="checkbox"/> Delete
NAME	PETRONELLA, ROBERT
STREET ADDRESS	3702 WEST LAKE ESTATE DRIVE
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	T <input type="checkbox"/> Delete
NAME	CAMACHO, JOSE
STREET ADDRESS	3360 NW 22ND STREET
CITY-ST-ZIP	COCONUT CREEK, FL 33066
TITLE	S <input type="checkbox"/> Delete
NAME	GARNER, WAYNE <u>111</u> III
STREET ADDRESS	19864 KING FISHER LANE
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYNE C. GARNER, JUNIOR
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYNE GARNER III
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  DATE: **02-20-04** DAYTIME PHONE: **561-412-9272**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR