


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90046 050 ***158.75

DOCUMENT # H78347

1. Entity Name
WANER AVIATION, INCORPORATED



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


50004551

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01132005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0101080 Not Applicable

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

6. Name and Address of Current Registered Agent

GAYNES, DAVID M
ATTORNEY AT LAW
2736 MISTY OAKS CIRCLE
ROYAL PALM BEACH, FL 33411

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 _____

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**

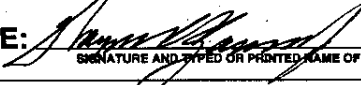
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GARNER, WAYNE C 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 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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		
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:  **WAYNE C. GARNER JR., PRESIDENT** **01/17/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

511-818-8872