


FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90004 011 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | | | |
|---|---|--|---|--|--|
| DOCUMENT # S00688 | | | |  | |
| 1. Entity Name EXPRESS AIRCRAFT CORPORATION | | | | | |
| Principal Place of Business 728 LAGOON DR. NORTH PALM BEACH, FL 33408 | | Mailing Address 728 LAGOON DR. NORTH PALM BEACH, FL 33408 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0221223 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BUSLIK, JEAN-FRANCOIS 728 LAGOON DRIVE NORTH PALM BEACH, FL 33408 | | | 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 <i>Diane Somerville</i> | | SIGNATURE <i>Diane Somerville</i> | | DATE | |
| 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 | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BUSLIK, JEAN-FRANCOIS 728 LAGOON DRIVE NORTH PALM BEACH, FL 33408 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SOMERVILLE, DIANE 728 LAGOON DRIVE NORTH PALM BEACH, FL 33408 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <i>Diane Somerville</i> | | SIGNATURE: <i>Diane Somerville</i> | | Date: <i>4/20/04</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |

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04082004 Chg-P CR2E034 (10/03)