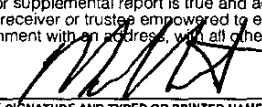


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2004 8:00 am
Secretary of State

06-24-2004 90079 020 ***150.00

DOCUMENT # V05146 1. Entity Name HAWK AVIATION SERVICES, INC.					
Principal Place of Business 1333 PINE AVENUE UNIT C ORLANDO, FL 32824 US			Mailing Address 1333 PINE AVENUE UNIT C ORLANDO, FL 32824 US		
2. Principal Place of Business 1341 Pine Avenue Suite, Apt. #, etc.			3. Mailing Address 1341 Pine Avenue Suite, Apt. #, etc.		
City & State Orlando, FL Zip 32824			City & State Orlando, FL Zip 32824		
Country US			Country US		
4. FEI Number 59-3102359			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SMITH, MARK 3140 FRIARS COVE RD SAINT CLOUD, FL 34772			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 _____ 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 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTC SMITH, MARK 3140 FRIARS COVE RD SAINT CLOUD, FL 34772	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCARR, BRAD 2775 CANTERCLUB TR APOPKA, FL	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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: 		Mark Smith		6/21/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		407-851-8222 Daytime Phone #	

54058681



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