

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 155031 1. Entity Name FLORIDA AIRMOTIVE, INC.	
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Principal Place of Business 2633 LANTANA ROAD SUITE 13 LANTANA FL 33462	Mailing Address 2633 LANTANA ROAD SUITE 13 LANTANA FL 33462
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MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-0673717	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

GASSAWAY, OWEN
 2633 LANTANA RD SUITE 13
 LANTANA FL 33460

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 _____ 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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	GASSAWAY, OWEN
STREET ADDRESS	2633 LANTANA ROAD
CITY - ST - ZIP	LANTANA FL
TITLE	V <input type="checkbox"/> Delete
NAME	GASSAWAY, OWEN H III
STREET ADDRESS	2633 LANTANA ROAD
CITY - ST - ZIP	LANTANA FL
TITLE	D <input type="checkbox"/> Delete
NAME	GASSAWAY, ALICE
STREET ADDRESS	2633 LANTANA ROAD
CITY - ST - ZIP	LANTANA FL
TITLE	T <input type="checkbox"/> Delete
NAME	GASSAWAY, ALICE
STREET ADDRESS	2633 LANTANA ROAD
CITY - ST - ZIP	LANTANA FL
TITLE	D <input type="checkbox"/> Delete
NAME	HOPKINS, RANDOLPH A
STREET ADDRESS	2633 LANTANA ROAD
CITY - ST - ZIP	LANTANA FL
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	U00000015656
CITY - ST - ZIP	01/28/04-80023-009 150.00
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: *OWEN H. GASSAWAY III* **OWEN H. GASSAWAY III** 1/22/04 561-965-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #