

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90570 037 ***150.00

DOCUMENT # 307932 1. Entity Name COMMONWEALTH AVIATION CORPORATION			
Principal Place of Business 5652 ISABELLE AVENUE P.O. BOX 238071 ALLANDALE, FL 32123		Mailing Address 5652 ISABELLE AVENUE P.O. BOX 238071 ALLANDALE, FL 32123	
2. Principal Place of Business 5115 S. Ridgewood Ave Suite, Apt. #, etc. Suite 300		3. Mailing Address PO Box 238071 Suite, Apt. #, etc.	
City & State Port Orange, FL Zip 32127		City & State PORT ORANGE, FL Zip 32127	
Country USA		4. FEI Number 59-1197354	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CLARK, DOUGLAS J 5120 RIVERSIDE DR ALLANDALE, FL 32123		7. Name and Address of New Registered Agent Name D. ANDREW CLARK Street Address (P.O. Box Number is Not Acceptable) 5115 S. RIDGEWOOD AVE SUITE 300 City PORT ORANGE	
State FL		Zip Code 32127	
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: D. ANDREW CLARK , MAJES 03-09-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
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	SD CLARK, DOUGLAS J 5120 RIVERSIDE DR ALLANDALE, FL	<input type="checkbox"/> Delete	<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: D. Andrew Clark <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 03.09.04	
Daytime Phone # 380.763.2280			

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03042004 Chg-P CR2E034 (10/03)