2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 307932

1. Entity Name
COMMONWEALTH AVIATION CORPORATION

20041258

Principal Place of Business	Mailing Address
5111 S RIDGEWOOD AVE STE 300	PO BOX 238071
PORT ORANGE, FL 32127	PORT ORANGE, FL 32127

DO NOT WRITE IN THIS SPACE

01042005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-1197354		Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, D. ANDREW
5111 S RIDGEWOOD AVE STE 300
PORT ORANGE, FL 32127

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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_ 1-17-05

Signature, typed or printed name of registered agent and title if applicable   (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	SD
NAME	CLARK, DOUGLAS J
STREET ADDRESS	5120 RIVERSIDE DR
CITY-ST-ZIP	ALLANDALE, FL

JAN 19 2005

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
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CITY-ST-ZIP	

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IN THIS SPACE

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: _Douglas Clark_ DOUGLAS CLARK   1-17-05   386-763-2280

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