

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 320084

Entity Name: AERO SPORT INC

FILED
Mar 19, 2004
Secretary of State

Current Principal Place of Business:

4900 U.S. 1 NORTH
SUITE 100
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

4900 U.S. 1 NORTH
SUITE 100
ST. AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 59-1204289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSER, DIANE L.
4900 US 1 NORTH
STE 100
SAINT AUGUSTINE, FL 32095

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: MOSER, DIANE,
Address: 120 TIDE'S EDGE PLACE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: KNIGHT, PHILLIP
Address: 18901 SE CROSSWINDS LANE
City-St-Zip: JUPITER, FL 33478

Title: D () Delete
Name: MARSH, MARK
Address: 3380 AGRICULTURAL CTR. DR.
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D () Delete
Name: SPOHRER, ROBERT
Address: 701 W. ADAMS, STE. 2
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE L. MOSER

STD

03/19/2004

Electronic Signature of Signing Officer or Director

Date