


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 418514**  
 1. Entity Name  
**AEROTRANSWAY INTERNATIONAL, INC.**



**FILED**

04 MAR 26 PM 12:19

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
 2206 WOODLAWN DRIVE  
 P.O. BOX 163  
 TALLAHASSEE, FL 32303-3915

Mailing Address  
 2206 WOODLAWN DRIVE  
 TALLAHASSEE, FL 32303-3915



03262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1535350</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MORTIMER, GEORGE L  
 2206 WOODLAWN DR.  
 TALLAHASSEE, FL 32303

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORTIMER, GEORGE L 2206 WOODLAWN DRIVE TALLAHASSEE, FL
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100032223451  
 04/09/04--01001--018 \*\*150.00

**DO NOT WRITE 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: George L. Mortimer  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_