


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 MAR 18 PM 1:21

<b>DOCUMENT # 418514</b> 1. Entity Name <b>AEROTRANSWAY INTERNATIONAL, INC.</b>			
Principal Place of Business <b>2206 WOODLAWN DRIVE P.O. BOX 163 TALLAHASSEE, FL 32303-3915</b>		Mailing Address <b>2206 WOODLAWN DRIVE TALLAHASSEE, FL 32303-3915</b>	
2. Principal Place of Business <b>2206 Woodlawn Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>c/o P.O. Box 163</b> Suite, Apt. #, etc.	
City & State <b>Tallahassee, FL</b>		City & State <b>Tallahassee, FL</b>	
Zip <b>32303</b>		Zip <b>32302</b>	
Country <b>Leon</b>		Country <b>Leon</b>	
4. FEI Number <b>59-1535350</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MORTIMER, GEORGE L 2206 WOODLAWN DR. TALLAHASSEE, FL 32303</b>		7. Name and Address of New Registered Agent Name <b>George L. Mortimer</b> Street Address (P.O. Box Number is Not Acceptable) <b>2206 Woodlawn Drive</b> City <b>Tallahassee, FL</b> Zip Code <b>32303</b>	
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 <b>George L. Mortimer</b> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <b>3/6/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May-1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> 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	VD <b>MORTIMER, GEORGE L 2206 WOODLAWN DRIVE TALLAHASSEE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/CEO/T/D <b>George L. Mortimer 2206 Woodlawn Dr. Tallahassee, FL 32303</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 and other like empowered.			
SIGNATURE: <b>George L. Mortimer, V/CEO/T/D</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>3/6/05</b> DAYTIME PHONE # <b>385-1912</b> <small>Date Daytime Phone #</small>	



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