

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAR 18 PM 1:21

DOCUMENT # 447107 1. Entity Name AERO TRANSWAY ENTERPRISES, INC.					
Principal Place of Business 2206 WOODLAWN DR. P.O. BOX 163 TALLAHASSEE, FL 32303				Mailing Address c/o P.O. Box 163 TALLAHASSEE, FL 32302	
2. Principal Place of Business 2206 Woodlawn Drive Suite, Apt. #, etc.		3. Mailing Address c/o P.O. Box 163 Suite, Apt. #, etc.			
City & State Tallahassee, FL Zip 32303		City & State Tallahassee, FL Zip 32302		4. FEI Number 59-1535350 Applied For <input type="checkbox"/> Not Applicable	
Country LEON		Country LEON		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORTIMER, GEORGE L 2206 WOODLAWN DR TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name George L. Mortimer Street Address (P.O. Box Number is Not Acceptable) 2206 Woodlawn Drive Tallahassee, FL 32303 City Tallahassee, FL Zip Code 32303	
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 <u>George L. Mortimer</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE 3/6/05	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCEO MORTIMER, GEORGE L 2206 WOODLAWN TALLAHASSEE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/CEO/T/D George L. Mortimer 2206 Woodlawn Dr. Tallahassee, FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
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, with all other like empowered.					
SIGNATURE: <u>George L. Mortimer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			V/CEO/T/D 3/6/05 385-1912 <small>Date Daytime Phone #</small>		