

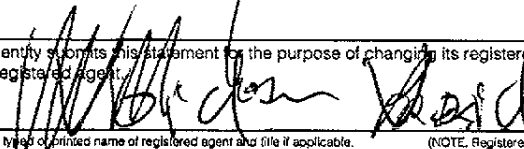
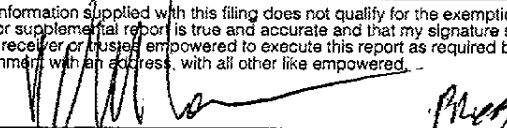


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 482269						
1. Entity Name BILL'S AIRCRAFT SERVICE, INC.						
Principal Place of Business 20251 SW 272ND ST HOMESTEAD, FL 33031	Mailing Address 20251 SW 272ND ST HOMESTEAD, FL 33031	 01062004 No Chg-P CR2E034 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 57-1618060</td><td style="width: 40%; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 57-1618060	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 57-1618060	Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent LOSNER, WILLIAM H 20251 SW 272ND ST HOMESTEAD, FL 33031						
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. <div style="display: flex; justify-content: space-between;"><div>SIGNATURE: </div><div>DATE: 1/6/04</div></div> <p style="font-size: small; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</p>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE	PD	 DO NOT WRITE IN THIS SPACE				
NAME	LOSNER, WILLIAM H.					
STREET ADDRESS	20251 SW 272 ST					
CITY-ST-ZIP	HOMESTEAD, FL					
TITLE	D					
NAME	LOSNER, DOYLENE					
STREET ADDRESS	20251 SW 272 ST					
CITY-ST-ZIP	HOMESTEAD, FL					
TITLE		DO NOT WRITE IN THIS SPACE				
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE		DO NOT WRITE IN THIS SPACE				
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STREET ADDRESS						
CITY-ST-ZIP						
TITLE		DO NOT WRITE IN THIS SPACE				
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
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: 		Date: 1/6/04 Daytime Phone #				