

FILED  
Sep 15, 2004 8:00 am  
Secretary of State

09-15-2004 90002 027 \*\*\*158.75

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

54072973

<b>DOCUMENT # 819766</b>			
1. Entity Name JAY FLYING SERVICE, INC.			
Principal Place of Business 3110 PINE LEVEL CHURCH RD JACKSONVILLE, FL 32565		Mailing Address 3110 PINE LEVEL CHURCH RD JACKSONVILLE, FL 32565	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JAY, FL		City & State JAY, FL	
Zip 32565-2868		Zip 32565-2868	
Country		Country	
4. FEI Number 63-0510712		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NELSON, JAMES W. RT. 2, BOX 150 JAY, FL 32565		Name Street Address (P.O. Box Number is Not Acceptable) 3110 Pine Level Church Rd. City Jay FL Zip Code 32565	
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 <i>James W. Nelson</i> <small>Signature of individual or printed name of registered agent and title if applicable</small>		President DATE 8-14-2004 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME NELSON, JAMES W. STREET ADDRESS RT. 2, BOX 150 CITY-ST-ZIP JAY, FL <input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 3110 Pine Level Church Rd. STREET ADDRESS Jay FL 32565 CITY-ST-ZIP	
TITLE SD NAME NELSON, BARBARA STREET ADDRESS RT. 2, BOX 150 CITY-ST-ZIP JAY, FL <input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 3110 Pine Level Church Rd. STREET ADDRESS Jay FL 32565 CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 <i>James W. Nelson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 8/14-04 856 615-4654 <small>Daytime Phone #</small>	