2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 850778

1. Entity Name
PAGE AVJET CORPORATION

Principal Place of Business	Mailing Address
401 EDGEWATER PLACE SUITE 670 WAKEFIELD, MA 01880 US	401 EDGEWATER PLACE SUITE 670 WAKEFIELD, MA 01880 US

03222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1348298
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HASKINS, ELIZABETH A
STREET ADDRESS	201 S. ORANGE AVE, SUITE 1100
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	D
NAME	MURRER, GREGORY J
STREET ADDRESS	401 EDGEWATER PL, STE 670
CITY-ST-ZIP	WAKEFIELD, MA 01880
TITLE	D
NAME	PAZAR, STEVEN E
STREET ADDRESS	401 EDGEWATER PLACE, SUITE 670
CITY-ST-ZIP	WAKEFIELD, MA 01880
TITLE	T
NAME	FRESE, ROBERT P
STREET ADDRESS	201 S. ORANGE AVE., SUITE 1100
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	S
NAME	PAZAR, STEVEN E
STREET ADDRESS	401 EDGEWATER PL STE 670
CITY-ST-ZIP	WAKEFIELD, MA 01880
TITLE	P
NAME	VAN ALLEN, BRUCE
STREET ADDRESS	201 S. ORANGE AVE, SUITE 1100
CITY-ST-ZIP	ORLANDO, FL 32801

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03/26/05-80012-004 150.00

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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: Steven E. Pazar 3/23/05 781-246-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Steven E. Pazar, Secretary