2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Jul 29, 2004 8:00 am Secretary of State **DOCUMENT # F02000000438** 1. Entity Name 07-29-2004 90005 046 ***550.00 GLENELL AVIATION, INC. Principal Place of Business Mailing Address 1933 OCEANVIEW DRIVE 1933 OCEANVIEW DRIVE TIERRA VERDE FL 33715 TIERRA VERDE FL 33715 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State City & State 4. FEI Number Applied For 59-3759039 Not Applicable Country Zip Country Zip \$8.75. Additional 5. Certificate of Status Desired -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent "LOUIS M Street Address (P.O. Box Number is Not Acceptable 2598 L'ENVITAGE LANE neeanvier NAPLES FL\34105 -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. 3: (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. \Box Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PCTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition JACOBSON, MARTIN NAME NAME STREET ADDRESS 1933 OCEANVIEW STREET ADDRESS CITY-ST-ZIP TIERRA VERDE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition JACOBSON, RICHARD NAME NAME 1933 OCEANVIEW STREET ADDRESS STREET ADDRESS TIERRA VERDE FL-CITY*ST-ZIP City-St-Zip = ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS 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.

YPED OF PUNTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED