


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 18, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000001953 1. Entity Name BOSTON-MAINE AIRWAYS CORP.	
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Principal Place of Business 14 AVIATION AVENUE PORTSMOUTH, NH 03801	Mailing Address 14 AVIATION AVENUE PORTSMOUTH, NH 03801
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DO NOT WRITE IN THIS SPACE



06092004 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0510487	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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.

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

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD FINK, DAVID A 14 AVIATION AVENUE PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY-ST- ZIP	CD MELLON, TIMOTHY 14 AVIATION AVENUE PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D KELSO, RICHARD S 3611 NORTH ABINGDON AVENUE ALEXANDRIA, VA 22227
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D FINK, D. ARMSTRONG 55 HIGH STREET, IRON HORSE PARK NORTH BILLERICA, MA 01862
TITLE NAME STREET ADDRESS CITY-ST- ZIP	T CAREY, JOSEPH L 14 AVIATION AVENUE PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S NADOLNY, JOHN R 14 AVIATION AVENUE PORTSMOUTH, NH 03801

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06/18/04-80002-003 150.00

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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:  **John R. Nadolny** 6/8/04 603-766-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #