


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000002926 1. Entity Name DALLAS AVIONICS, INC.	
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Principal Place of Business
**2525 SANTA ANNA AVE
DALLAS, TX 75228**

Mailing Address
**2525 SANTA ANNA AVE
DALLAS, TX 75228**



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-1434330	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ENLOE, TODD J
10303 S.W. 83 TERRACE
OCALA, FL 34481**

**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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVPD BAKER, BOB 2525 SANTA ANNA AVE DALLAS, TX 75228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DAVIS, DONNA W 2525 SANTA ANNA AVE DALLAS, TX 75228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, SCOTT W 2525 SANTA ANNA AVE DALLAS, TX 75228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUHL, SALLY 2525 SANTA ANNA AVE DALLAS, TX 75228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/04-80197-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/04 214-320-9770