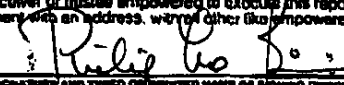


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90047 046 ***158.75

DOCUMENT # F02000005426					
1. Entity Name GLOBAL AEROSPACE SERVICES INC.					
Principal Place of Business 100 EXECUTIVE WAY, STE. 212 PONTE VEDRA BEACH, FL 32082			Mailing Address 100 EXECUTIVE WAY, STE. 212 PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 13-4060848	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BARTLETT, BARON L. 125 PROFESSIONAL DR. PONTE VEDRA, FL 32082			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when releasing)					
FILE NOW!!! FEE IS \$180.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		DATE	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DCP	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	ALLEGRO, EILEEN		NAME	KEITH MINES	
STREET ADDRESS	14 SEA BASS LANE		STREET ADDRESS	SOBOLYM	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	MANDRA ROAD	
TITLE	DVST	☐ Delete	TITLE	PRINCES RISBOROUGH	☐ Change ☐ Addition
NAME	LOGIURATO, PHILIP		NAME	BUCKS HP27-905	
STREET ADDRESS	14 PARKER HILL RD.		STREET ADDRESS	U. K.	
CITY-ST-ZIP	BROOKFIELD, CT 06804		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FEERICK, DONALD J		NAME		
STREET ADDRESS	254 SOUTH MAIN ST., 2ND FL		STREET ADDRESS		
CITY-ST-ZIP	NEW CITY, NY 10958		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			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		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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, without other like empowerment.					
SIGNATURE: 			3/3/04 904-273-1200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		