

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90237 023 \*\*\*150.00

**DOCUMENT # F03000000368**



1. Entity Name  
**EAST WEST AIRCRAFT SALES, INCORPORATED**

Principal Place of Business  
**2880 NE 14TH STREET #811  
 POMPANO BEACH, FL 33062**

Mailing Address  
**2880 NE 14TH STREET #811  
 POMPANO BEACH, FL 33062**

**14011128**



2. Principal Place of Business  
**401 BAY FRONT PLACE**

3. Mailing Address  
**401 BAY FRONT PLACE**

Suite, Apt. #, etc.  
**3507**

Suite, Apt. #, etc.  
**3507**

04232004 Chg-P CR2E034 (10/03)

City & State  
**NAPLES, FL**

City & State  
**NAPLES, FL**

4. FEI Number  
**48-1288339**

Applied For  
 Not Applicable

Zip  
**34102-6463**

Country  
**US**

Zip  
**34102-6463**

Country  
**US**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHROER, JERRY  
 2880 NE 14TH STREET #811  
 POMPANO BEACH, FL 33062**

Name

Street Address (P.O. Box Number is Not Acceptable)

**401 BAY FRONT PLACE #3507**

City **NAPLES** FL Zip Code **34102**

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 reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **DP**  
 STREET ADDRESS **7783 WEST BAYHILL STREET**  
 CITY-ST-ZIP **BOISE, ID 83704**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SCHROER, JERRY**  
 STREET ADDRESS **2880 NE 14TH STREET #811**  
 CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **401 BAY FRONT PLACE #3507**  
 CITY-ST-ZIP **NAPLES, FL 34102-6463**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 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 607(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 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, F.S.; 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: Jerry Schroer  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 239-643-3466  
 Date Daytime Phone #