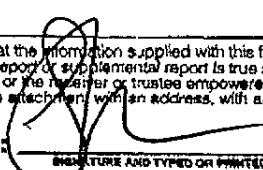


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F03000001584			
1. Entity Name CORDES AIRCRAFT, INC.			
Principal Place of Business 33025 AIRPORT VIEW LEESBURG, FL 34788		Mailing Address 33025 AIRPORT VIEW LEESBURG, FL 34788	
DO NOT WRITE IN THIS SPACE			
		04202004 No Chg-P CP2E034 (10/03)	
4. FEI Number 59-3318352		Applied For Not Applicable	
5. Certificate Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCRUM, DON P SR 507 SAN SEBASTIAN PRADO ALTAMONTE SPRINGS, FL 32714-2236		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 reinstating)			
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	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORDES, JOHN H. 10331 PATRICK DR. LEESBURG, FL 34788		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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), 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 manager 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: 		04/30/04 352-406-0640	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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05/04/04-80011-024 150.00