CAPITAL CONNECTION 850 222 1222 04/22

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Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90177 019 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

94069382

DOCUMENT # F03000003781

1. Entity Name
AIRSPEED AVIATION, INC.

Principal Place of Business	Mailing Address
111P PARKER DRIVE OZARK, AL 36360	111P PARKER DRIVE OZARK, AL 36360

04222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
300 Flightline Deive	300 Flightline Drive
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State Dothan, AL	City & State Dothan, AL
Zip / Country 36303 / USA	Zip / Country 36303 / USA

4. FEI Number
63-1236574
☐ Applied For
☐ Not Applicable

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
YOUR CAPITAL CONNECTION, INC. 417 E. VIRGINIA STREET, SUITE 1 TALLAHASSEE, FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HEIN, VERNON 1833 FAIRFIELD DRIVE DOTHAN, AL 36304	☐ Delete	P Hein, Vernon 3 Holly Hill Rd Dothan, AL 36305	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V YOUNG, STEPHEN A 2813 PALMYRA ROAD ALBANY, GA 31707	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Vernon Hein 4-22-04 334-983-1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #