

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14230

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: TAMPA BAY AVIATION, INC.

## Current Principal Place of Business:

2633 CAUESWAY BLVD  
PO BOX 5777  
TAMPA, FL 33675

## New Principal Place of Business:

## Current Mailing Address:

2633 CAUESWAY BLVD  
PO BOX 5777  
TAMPA, FL 33675

## New Mailing Address:

BOX 5777  
PO BOX 5777  
TAMPA, FL 33675

FEI Number: 59-2827047

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VERSAGGI, JOSEPH A  
2633 CAUSEWAY BLVD  
TAMPA, FL 33619

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: DANCE, KEN,  
Address: 216 E ROBERTSON ST  
City-St-Zip: BRANDON, FL

Title: SD ( ) Delete  
Name: DANCE, TIM,  
Address: 216 E ROBERTSON ST  
City-St-Zip: BRANDON, FL

Title: PD ( ) Delete  
Name: SMITH, E C,  
Address: 4811 KELLY ROAD  
City-St-Zip: TAMPA, FL 00000,

Title: TD ( ) Delete  
Name: VERSAGGI, JOE,  
Address: 2633 CAUSEWAY BLVD  
City-St-Zip: TAMPA, FL

Title: VD ( ) Delete  
Name: HUNTER, PAUL,  
Address: 4616 BROWNING AVENUE  
City-St-Zip: TAMPA, FL

Title: VD (X) Delete  
Name: MIDDLEBROOK, DOUG,  
Address: 97 E. DAVIS BLVD.  
City-St-Zip: TAMPA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: MCCOY ROBERT,  
Address: 3615 E.LAKE AVE  
City-St-Zip: TAMPA, FL 33610

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH A. VERSAGGI

TD

01/06/2004

Electronic Signature of Signing Officer or Director

Date