

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90332 021 ***150.00

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04242004 Chg-P CR2E034 (10/03)

DOCUMENT # H42832 1. Entity Name EASTERN AVIATION SUPPLIES, INC.					
Principal Place of Business 210 N GOLDENROD RD STE 12 ORLANDO, FL 32807 US		Mailing Address 210 N GOLDENROD RD STE 12 ORLANDO, FL 32807 US			
2. Principal Place of Business 314 HAMMOCK DUNES PL Suite, Apt. #, etc.		3. Mailing Address 314 HAMMOCK DUNES PL Suite, Apt. #, etc.			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 59-2800425 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 32828 Country ORANGE		Zip 32828 Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELBRECHT, GARRY 314 HAMMOCK DUNES PLACE ORLANDO, FL 32828				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 renewing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELBRECHT, GARRY 314 HAMMOCK DUNES PL ORLANDO, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ELBRECHT, CATHY 314 HAMMOCK DUNES PL ORLANDO, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Garry Elbrecht</u> GARRY ELBRECHT 4/26/04 407-384-6166 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					