


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # J68395 1. Entity Name GENERAL AVIATION CORP.	
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Principal Place of Business 4451 NE 41 TERR GAINESVILLE, FL 32609 US	Mailing Address 4451 NE 41 TERR GAINESVILLE, FL 32609 US
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01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2803760	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAX CO
ATTENTION: BARBARA C. JOHNSTON
50 N LAURA ST, STE 3300
JACKSONVILLE, FL 32202

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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 re-registering) 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 Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, KENNETH P. 4451 NE 41ST TERR GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, JAMES T. 4451 NE 41ST TERR GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FULLENWIDER, BRENT 4451 NE 41DT TERR GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JOHNSTON, BARBARA C 50 N LAURA ST, STE 3300 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000117067
04/19/04-80005-006 150.00

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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: Brent Fullenwider 4/15/04 352-373-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #