

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90112 005 ***550.00

DOCUMENT # L42113

1. Entity Name
EASTERN AVIONICS INTERNATIONAL, INC.



Principal Place of Business

**C/O JAMES KANTOR
28000 AIRPORT RD. A 12
PUNTA GORDA, FL 33982**

Mailing Address

**C/O JAMES KANTOR
28000 AIRPORT RD. A 12
PUNTA GORDA, FL 33982**

44046946



2. Principal Place of Business

8000 SKYLANE WAY

3. Mailing Address

8000 SKYLANE WAY

Suite, Apt. #, etc.

CHARLOTTE COUNTY AIRPORT

Suite, Apt. #, etc.

CHARLOTTE COUNTY AIRPORT

City & State

City & State

07012004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0175867

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KANTOR, JAMES
28000 AIRPORT RD.
A 12
PUNTA GORDA, FL 33982**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8000 SKYLANE WAY

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KANTOR, JAMES**
STREET ADDRESS **28000 AIRPORT RD. A 12**
CITY-ST-ZIP **PUNTA GORDA, FL**

TITLE **VP** ☐ Delete
NAME **KAMOR, MARY A**
STREET ADDRESS **28000 AIRPORT RD A-12**
CITY-ST-ZIP **PUNTA GORDA, FL 33982**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8000 SKYLANE WAY**
CITY-ST-ZIP **33982**

TITLE ☒ Change ☐ Addition
NAME **KANTOR, MARY A**
STREET ADDRESS **8000 SKYLANE WAY**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES B. KANTOR

7-1-04

Date

941-637-8585

Daytime Phone #