## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jan 15, 2004 8:00 am **Secretary of State** DOCUMENT # L79876 01-15-2004 90006 008 \*\*\*150.00 EXECUTIVE AVIONICS, INC. Principal Place of Business Mailing Address 1909 NW 51ST STREET 1909 NW 51ST STREET HANGAR 44 W/O BOX C-7 FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 CR2E034 (10/03) City & State City & State 4. FFi Number Applied For 59-3044855 Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAHOON, DANIEL Street Address (P.O. Box Number is Not Acceptable) 1909 NW 51ST STREET HGR 44 W/O FT LAUDERDALE, FL 33309 City Zio 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. JAN, 07,2004 SIGNATURE Sonature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) WILD WARVER TO 9. Election Campaign Financing \$5.00 May Be. - FILE NOWILL-FEE IS \$150.00-After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ... ADDITIONS/CHANGES.TO OFFICERS AND DIRECTORS IN 11 11. ..... TITLE \_\_\_\_\_\_\_ ☐ Delete TITLE Change CAHOON, DANIEL NAME MAME 1909 NW 51 ST STREET BLX L-14 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME \_\_\_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete TITLE THE Change Addition NAME NAME STREET ADDRESS 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 effective empowered.

**FILED**