


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 18, 2004 08:00 AM
Secretary of State

DOCUMENT # M97226 1. Entity Name PAN AMERICAN AIRWAYS CORP.	
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Principal Place of Business 14 AVIATION AVENUE PORTSMOUTH, NH 03801 US	Mailing Address 14 AVIATION AVENUE PORTSMOUTH, NH 03801 US
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DO NOT WRITE IN THIS SPACE



06092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0077974	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

NADOLNY, JOHN R ESQ
1722 HANGAR ROAD
SANFORD, FL 32772

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FINK, DAVID A 14 AVIATION AVENUE PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NADOLNY, JOHN R 14 AVIATION AVENUE PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MELLON, TIMOTHY 14 AVIATION AVENUE PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELSO, RICHARD S 14 AVIATION AVENUE PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FINK, D. ARMSTRONG 14 AVIATION AVENUE PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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

JOHN R. NADOLNY

6/8/04

603-766-2982

Daytime Phone #