


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-08-2004 90029 003 ***150.00

DOCUMENT # P00000073042	
1. Entity Name AIRCRAFT RESCUE AND FIRE FIGHTING TECHNICAL SERVICES, INCORPORATED	

Principal Place of Business 501 E BROADWAY RED LION PA 17356	Mailing Address 501 E BROADWAY RED LION PA 17356
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

66407223



MOORE CR2E034 (11/03)

4. FEI Number 59-3671753	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WRIGHT, JOSEPH A 11 MIDDLE GROUND RD OCALA FL 34482	7. Name and Address of New Registered Agent Name: SHARON BRANNAN, CPA PA Street Address (P.O. Box Number is Not Acceptable): 161 N MAIN ST City: WILLISTON FL Zip Code: 32696
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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: Sharon Brannan 3/4/04
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
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WRIGHT, JOSEPH A 501 E BROADWAY RED LION PA 17356 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WRIGHT, JOSEPH SR. 501 E BROADWAY RED LION, PA 17356 PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WRIGHT, KAREN B 501 E BROADWAY RED LION PA 17356 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VP WRIGHT, KAREN B. 501 E BROADWAY RED LION, PA 17356 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZORZI, WENDY 209 BUCKET POST COURT BEL AIR MD 21014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZORZI, WENDY 209 BUCKET POST COURT BEL AIR, MD 21014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WRIGHT, JOSEPH JR 501 E BROADWAY RED LION, PA 17356 VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Karen B. Wright KAREN B. WRIGHT 2-28-04 717-244-2488
Signature typed or printed name of signing officer or director Date Daytime Phone #

3-16-04