

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90022 021 ***158.75

DOCUMENT # P00000087801

1. Entity Name
CMW AVIATION SUPPLIES, INC.



Principal Place of Business
**1362 WASHINGTON DR.
VENICE, FL 34293**

Mailing Address
**1362 WASHINGTON DR.
VENICE, FL 34293**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1045832

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

**T & H COMPTROLLERS, INC.
312 E. VENICE AVE., #120
VENICE, FL 34292**

7. Name and Address of New Registered Agent

Name **T & H Comptrollers One.**
Street Address (P.O. Box Number is Not Acceptable)
200 CAPEL ISLES BLVD STE 2
City **Venice** FL Zip Code **34122**

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 obligation of the registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FELDBAUER, MICHAEL**
CITY-ST-ZIP **286 SHORE DRIVE
WESTERLY, RI 02891**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GRISWOLD, CAROLYN**
CITY-ST-ZIP **93 STEEP HOLLOW LANE
MANCHESTER, CT 06040**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DELP, WARREN E**
CITY-ST-ZIP **1362 WASHINGTON DR.
VENICE, FL 34293**

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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

3/12/04 Date

941-493-0942 Daytime Phone #