

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000098306	
1. Entity Name AVIATION SERVICE INTERNATIONAL OF FLORIDA, INC.	

Principal Place of Business 318 TAMAMI TRAIL SUITE 4 PUNTA GORDA, FL 33950	Mailing Address 318 TAMAMI TRAIL SUITE 4 PUNTA GORDA, FL 33950
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SHIRLEY, KEVIN C 126 E. OLYMPIA AVENUE SUITE 4 PUNTA GORDA, FL 33950	
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$330.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1000000123274 04/21/04-80064-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST DRESEL, EDWARD 318 TAMAMI TRAIL, SUITE 4 PUNTA GORDA, FL 33950
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**DO NOT WRITE
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)(b), 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: 	4/17/04 941-505-8383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #