## **2004 FOR PROFIT CORPORATION**ANNUAL REPORT

## FILED Apr 22, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State		
	VIENT # P0000010925	200		SCCICC	ary or State	
Entity Name     FLORIDA AIRCRAFT ENTERPRISES, INC.			181.49			
Principal Place		Mailing Address				
1040 AQUAM GULF BREEZE		1040 aquamarine DR Gulf Breeze, FL 32561				
OGEI TREES	-,			<b>4 (44</b> 4)( <b>44</b> 4) (4		#\$ \$\$\$(( ##\$)# \$#\$\$ <b>0</b> ((##\$) \$((#\$) \$\\$\###\$) (\$ (\$#\$)
			<u> </u>			
DO NOT WRITE IN THIS SPA				04202004	No Chg-P	CR2E034 (10/03)
			CE	4. FEI Numb		Applied For
				59-368		Not Applicable  \$8.75 Additional
				5. Certificate	of Status Desired	Fee Required
	8. Name and Address of Current Reg	stered Agent				
KING, THOMAS D 1040 AQUAMARINE DR GULF BREEZE, FL 32561				DO	<b>NOT W</b>	RITE
			IN THIS SPACE			
				11.4		AUL
a The shows	named antity submits this statement for the	number of changing its register	ed office or registe	red agent or bo	th in the State of Flo	orida. Lam familiar with and i icen
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 to cepthe obligations of registered agent.						
SIGNATURE Sign citure, typied or printed name of registered agent and title if applicable (INOTE Registered Agent signature required when reinstating) DATE						
FILE NOWILL FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Fina  Trust Fund Contribution				.00 May Be led to Fees		
10.	OFFICERS AND DIR	ECTORS			<u>, , , , , , , , , , , , , , , , , , , </u>	
THILE NAME	DPS KING, THOMAS D					
STREET ADURESS	1040 AQUAMARINE DR					
CHY-SI ZIP	GULF BREEZE, FL 32561	· · · · · · · · · · · · · · · · · · ·	-1		U0000U	0124991
NAME					04/22/04-	-80067-008 150.00
STREET AUDRESS CITY ST ZIP						
1112.1			1			
NAME						
STREET ADDRESS CITY-ST 27P				DO	NOT W	RITE
3151.5.			1	IN	THIS SI	PACE
NAME SIRLET AUDRESS				***		
CITY - ST - ZIP						
18LE						
NAME STREET ADDRESS						
COTY-ST ZIP						

12. Thereby certify that the information sopplied 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 regard is true and accordance and that thy signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiper or trustee in provinced 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 addition, with all office like empoyaged.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-28P

ATUDE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/04 850 393 4724

Daytime Phone #