

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000015277		
1. Entity Name GENERAL DYNAMICS AVIATION SERVICES CORPORATION		
Principal Place of Business 1500 PERIMETER ROAD PALM BEACH INTL AIRPORT WEST PALM BEACH, FL 33406		Mailing Address P.O. BOX 2206 SAVANNAH, GA 31402
DO NOT WRITE IN THIS SPACE		
		01142004 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-1073263
		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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		000000111948 04/14/04-80003-009 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLYNN, LARRY R 500 GULFSTREAM ROAD SAVANNAH, GA 31407	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARE, DANIEL G 500 GULFSTREAM ROAD SAVANNAH, GA 31407	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERMAN, IRA P 500 GULFSTREAM ROAD SAVANNAH, GA 31407	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOGG, DAVID H 3190 FAIRVIEW PARK DRIVE FALLS CHURCH, VA 22042	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HOUSE, MARGARET N 3190 FAIRVIEW PARK DRIVE FALLS CHURCH, VA 22042	
TITLE 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)(f), 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: 		Ira P. Berman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/1/04 (912) 965-5201
		Date Daytime Phone #