

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000017790

FILED
May 02, 2004
Secretary of State

Entity Name: SKYWAY AVIATION COMPANY, INC.

Current Principal Place of Business:

3726 SOUTH PIPPIN ROAD
LAKELAND, FL 33811

New Principal Place of Business:

Current Mailing Address:

3726 SOUTH PIPPIN ROAD
PLANT CITY, FL 33567

New Mailing Address:

FEI Number: 59-3697718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, CHRISTOPHER P
3726 SOUTH PIPPIN ROAD
PLANT CITY, FL 33567

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, G. MARVIN
Address: 10070 MCINTOSH ROAD AD
City-St-Zip: DOVER, FL 33527

Title: D () Delete
Name: BROWN, LINDA
Address: 10070 MCINTOSH ROAD AD
City-St-Zip: DOVER, FL 33527

Title: D () Delete
Name: SMITH, CHRISTOPHER P
Address: 3726 SOUTH PIPPIN ROAD
City-St-Zip: PLANT CITY, FL 33567

Title: D () Delete
Name: SMITH, CATHERINE R
Address: 3726 SOUTH PIPPIN ROAD
City-St-Zip: PLANT CITY, FL 33567

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER P SMITH

D

05/02/2004

Electronic Signature of Signing Officer or Director

Date