# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 13, 2004**
**Secretary of State**

DOCUMENT# P01000060659

**Entity Name:** NEW SMYRNA AIR, INC.

**Current Principal Place of Business:**

201 INLET SHORES DRIVE
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

201 INLET SHORES DRIVE
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

**FEI Number: 59-3725402** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZONA, WILLIAM N
201 INLET SHORES DRIVE
NEW SMYRNA BEACH, FL 32168

**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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: ZONA, WILLIAM N
Address: 201 INLET SHORES DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD ( ) Delete
Name: ZONA, AVA JEAN
Address: 201 INLET SHORES DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD (X) Delete
Name: ZONA, JENNIFER
Address: 201 INLET SHORES DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

**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:

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: WILLIAM N. ZONA PD 07/13/2004

Electronic Signature of Signing Officer or Director — Date