

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90003 019 ***150.00

DOCUMENT # P02000036042

1. Entity Name
ADVANCED AVIATION SALES, INC.



Principal Place of Business
**3071 S.W. 42ND STREET
NAPLES, FL 34116**

Mailing Address
**3071 S.W. 42ND STREET
NAPLES, FL 34116**

54068732



2. Principal Place of Business

291 Airport Rd. N.
Suite, Apt. #, etc.

3. Mailing Address

291 Airport Rd. N.
Suite, Apt. #, etc.

07202004

Chg-P

CR2E034 (10/03)

City & State

Naples FL

City & State

Naples FL

4. FEI Number

01-0672831

Applied For

Not Applicable

Zip

34104

Country

USA

Zip

34104

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HACK, L. RANDALL
1508 S.E. 17TH AVENUE, #5
CAPE CORAL, FL 33990**

7. Name and Address of New Registered Agent

Name **Corporate Registered Agent LLC**
Street Address (P.O. Box Number is Not Acceptable)

5147 Costello Drive

City **Naples**

FL

Zip Code

34103

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

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **VILLADA, JOHN JR.**
STREET ADDRESS **3071 S.W. 42ND STREET**
CITY-ST-ZIP **NAPLES, FL 34116**

TITLE **D** ☐ Delete
NAME **VILLADA, KIM**
STREET ADDRESS **3071 S.W. 42ND STREET**
CITY-ST-ZIP **NAPLES, FL 34116**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-04

Date

239.263.9393

Daytime Phone #