

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

DOCUMENT # P02000039782

1. Entity Name  
NEWPORT AVIATION, INC.



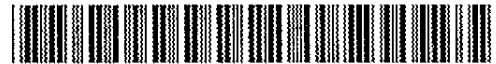
Principal Place of Business

300 INTERNATIONAL PARKWAY  
SUITE 270  
HEATHROW, FL 32746

Mailing Address

300 INTERNATIONAL PARKWAY  
SUITE 270  
HEATHROW, FL 32746

**DO NOT WRITE IN THIS SPACE**



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number  
27-0010231

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAHALL, PETER S  
300 INTERNATIONAL PKWY  
SUITE 270  
HEATHROW, FL 32746-5028

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IN THIS SPACE**

B. 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**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P  
CAMPISI, JAMES M  
300 INTERNATIONAL PARKWAY, SUITE 270  
HEATHROW, FL 32746

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
CEO  
CAHALL, PETER S  
300 INTERNATIONAL PARKWAY, SUITE 270  
HEATHROW, FL 32746

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

000000125583  
04/22/04-80091-007 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Peter S. Cahall* 4/14/04 (407)333-2905