


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90322 014 ***150.00

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1. Entity Name
VMC AIRCRAFT, INC.



Principal Place of Business Mailing Address
 2960 PINE WAY 2960 PINE WAY
 SANFORD, FL 32773-6901 SANFORD, FL 32773-6901

2. Principal Place of Business 3. Mailing Address
2006 BEAVER CREEK DR **2006 BEAVER CREEK DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PORT ORANGE, FL **PORT ORANGE, FL**
 Zip Country Zip Country
32128 **USA** **32128** **USA**



04262004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
55-0813515 Not Applicable

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

6. Name and Address of Current Registered Agent

COOMBS, HOWARD A
2960 PINE WAY
SANFORD, FL 32773-6901

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2006 BEAVER CREEK DR.

City State Zip Code
PORT ORANGE **FL** **32128**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$530.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P HOWARD A. COOMBS 2006 BEAVER CREEK DR PORT ORANGE, FL 32128	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V VIRGINIA M. COOMBS 2006 BEAVER CREEK DR PORT ORANGE, FL 32128	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Howard A. Coombs Date: 4/26/04 Daytime Phone #: 386-322-3241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR