


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90423 002 \*\*\*150.00

<b>DOCUMENT # P03000003881</b>	
1. Entity Name <b>VENICE AVIATION SERVICES, INC.</b>	

Principal Place of Business <b>400 E AIRPORT AVE VENICE, FL 34285</b>	Mailing Address <b>400 E AIRPORT AVE VENICE, FL 34285</b>
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2. Principal Place of Business <b>224 E. Airport Ave</b> Suite, Apt. #, etc.	3. Mailing Address <b>224 E. Airport Ave</b> Suite, Apt. #, etc.
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City & State <b>Venice, FL</b>	City & State <b>Venice, FL</b>
Zip <b>34285</b>	Zip <b>34285</b>
Country	Country



04142004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>DRAKE, J KEVIN 1432 FIRST ST SARASOTA, FL 34236</b>	
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7. Name and Address of New Registered Agent Name <b>Horlick, Michael D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1314 East Venice Ave, Suite D</b> City <b>Venice</b> FL Zip Code <b>34292</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BECKMAN, NORMAN R 1264 NORTHPORT DR SARASOTA, FL 34242</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARTIN, ROBERT R 400 E AIRPORT AVE VENICE, FL 34285</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>224 E. Airport Ave. Venice, FL 34285</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>224 E. Airport Ave. Venice, FL 34285</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **April 22, 2004** 941-484-6346  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #