


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90039 007 ***150.00

DOCUMENT # P03000026999	
1. Entity Name FLORIDA AEROSPACE TRANSPORT, INC.	

Principal Place of Business 6050 BABCOCK STREET SUITE 26 PALM BAY, FL 32909 US	Mailing Address 6050 BABCOCK STREET SUITE 26 PALM BAY, FL 32909 US
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44006577

2. Principal Place of Business 1144 Colonnade Ave. Suite, Apt. #, etc.	3. Mailing Address 1144 Colonnade Ave. Suite, Apt. #, etc.
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City & State Palm Bay, FL Zip 32909-4927 Country USA	City & State Palm Bay, FL Zip 32909-4927 Country USA
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01152004 Chg-P CR2E034 (10/03)

4. FEI Number 51-0448417	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GEIB, BRIAN W 6050 BABCOCK STREET SUITE 26 PALM BAY, FL 32909	7. Name and Address of New Registered Agent Name Frederick J. Martin Street Address (P.O. Box Number is Not Acceptable) 1005 Newfoundland Harbor Drive City Merritt Island FL Zip Code 32952-2759
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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 Frederick J. Martin Frederick J. Martin 01/30/04
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Frederick J. Martin Frederick J. Martin 01/30/04 (321) 867-9209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #