2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT								France a	-		
DOCUMENT # P03000105339							į	FLE	D		_
1. Entity Name HIGH FLITE AVIATION SERVICES, INC.							04 F	EB II PM	2:11		
4 <u></u>						00 W 10	SEC	RETARY OF NHASSEE, FI			
Principal Place of Ciness Mailing Address							TALL	HASSEE E	STATE		
400 CAPITAL CIRCLE SE STE 18 #282 400 CAPITAL CIRCLE SE STE 18 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301						‡282 					
, 	lace of Busines	s		3. Mailing Address							. (
Suite, Apt.		***		Suite, Apt. #, etc.			02112004	Chg-P	CR2E03		MRD blied For
City & State	ė	N. E.		City & State			4. FEI Number			Not	Applicable
Zip		Country	Zip	<u>'</u>				f Status Desired	<u> </u>	8.75 Addi ee Required	
	6. Name ar	nd Address of Curre	ent Registered Age	ent	- ,	7. Name and Address of New Registered Agent Name					
PENTON, ARAMIS											
400 CAPITAL CIRCLE SE STE 18 #282 TALLAHASSEE, FL 32301						Street Address (I	P.O. Box Number	is Not Acceptable)		
			City			FL	Zip Code	,			
6 The election		submits this statemen	t for the purpose o	f changing its reg	istered	office or register	red agent or both	in the State of Flo		amiliar with, r	and accept
the obligat	tions of register	ed agent.	it for the purpose o	r changing its reg	jiotorea	omeo or regioner	or agon, or our	,			
CICNIATUDE											
SIGNATURE_	Signature, typed or	printed name of registered as	gent and title if applicable.	(NOTE: Re	gistered A	gent signature required	d when reinstating)		DATÉ		
			9. Fit	ection Campaign	Financii	na \$5	.00 May Be	•			
FIL After Ma	E NOW!!! F ay 1, 2004	EE IS \$150.00 Fee will be \$55	-	ust Fund Contribu			led to Fees				
10.	<u> </u>	OFFICERS A	ND DIRECTORS		11.		ADDITIONS/0	CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
TITLE	DP			☐ Delete	TITLE					☐ Change	Addition
NAME	PENTON, DORY H					ADDRECO	20	<mark>00029</mark> 3 /0401049	3146	352	
STREET ADDRESS CITY-ST-ZIP					CITY-SI	ADDRESS T-ZIP	02/24	/0401049	024	**300.	.00
TITLE					TITLE					☐ Change	☐ Addition
NAME	PENTON, ARAMIS				NAME						
STREET ADDRESS	400 0/4 1// 12 0// 10 //				STREET A	ADDRESS TOTAL					
CITY-ST-ZIP	17(201)7(0022,10002)					1- ZJF				☐ Change	Addition
TITLE NAME				☐ Delete	TITLE NAME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP					CITY-ST	T-ZIP			-	Chann	Addition
TITLE NAME				☐ Delete	TITLE NAME				t	☐ Change	Addition -
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP					CITY-S1	T-ZIP					
TITLE				☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS					NAME	ADDRESS					
CITY-ST-ZIP					CITY-S	1					
TITLE	1			☐ Delete	TITLE					☐ Change	☐ Addition
NAME					NAME						
STREET ADDRESS CITY-ST-ZIP					STREET CITY-S	ADDRESS T-ZIP					
	certify that the	information symplication	with this filing doe	not qualify for th	1		ection 119.07(3)(), Florida Statutes.	I further cer	tify that the ir	nformation
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 of trustee empowered to execute this feet 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.											
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SIGNA	TURE: _	YU		PICHING DESIGES OR	DIRECTO	LAS.		414/04 Date	041	avtime Phone #	