

#150.

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000105339

1. Entity Name
HIGH FLITE AVIATION SERVICES, INC.



FILED

04 FEB 11 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
400 CAPITAL CIRCLE SE STE 18 #282
TALLAHASSEE, FL 32301

Mailing Address
400 CAPITAL CIRCLE SE STE 18 #282
TALLAHASSEE, FL 32301



| | | | |
|---|---------|--|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

02112004 Chg-P CR2E034 (10/03) *MRB*

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| PENTON, ARAMIS 400 CAPITAL CIRCLE SE STE 18 #282 TALLAHASSEE, FL 32301 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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 _____

| | |
|---|---|
| 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 |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP PENTON, DORY H 400 CAPITAL CIRCLE SE STE 18 #282 TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 200029314652 02/24/04--01049--024 **300.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT PENTON, ARAMIS 400 CAPITAL CIRCLE SE STE 18 #282 TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input 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: *[Signature]* *Thurs* 2/14/04 850-997-6276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #