

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

02-28-2005 90203 037 ***150.00
02-09-2005 90057 003 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000067133 1. Entity Name AERO-WING SALES, INC.																													
Principal Place of Business 31017 AIRWAY RD LEESBURG FL 34748			Mailing Address 1302 S 8TH ST LEESBURG FL 34748																										
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 57-1203752 ☐ Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MCLIN & BURNSED, PA 1302 S 8TH ST LEESBURG FL 34748																									
7. Name and Address of New Registered Agent 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 reappointing) DATE _____																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">Delete ☐</td> </tr> <tr> <td>NAME</td> <td>P KRIETE, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1302 S 8TH ST</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>LEESBURG FL 34748</td> <td></td> </tr> </table>			TITLE	NAME	Delete ☐	NAME	P KRIETE, JOHN		STREET ADDRESS	1302 S 8TH ST		CITY- ST- ZIP	LEESBURG FL 34748		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">Change ☐ Addition ☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change ☐ Addition ☐	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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 any other like empowered.																													
SIGNATURE: 2/2/05 Date																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR																													