

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90180 025 ***150.00

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03042005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000137649 1. Entity Name AMERICAN AVIATION LIGHT PANELS, INC.					
Principal Place of Business 8570-113 PHILLIPS HWY. JACKSONVILLE, FL 32241			Mailing Address 8570-113 PHILLIPS HWY. JACKSONVILLE, FL 32241		
2. Principal Place of Business 5953 Richard Lane W		3. Mailing Address P O Box 57581			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville FL		City & State Jacksonville FL		4. FEI Number 83-0404910	
Zip 32216		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FRANKLIN, GERALD D 8570-113 PHILLIPS HWY. JACKSONVILLE, FL 32241			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5953 Richard Lane W City Jacksonville FL Zip Code 32216		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 D NAME FRANKLIN, GERALD D STREET ADDRESS 8570-113 PHILLIPS HWY. CITY-ST-ZIP JACKSONVILLE, FL 32241	<input type="checkbox"/> Delete		TITLE D, P NAME STREET ADDRESS 5953 Richard Lane W CITY-ST-ZIP Jacksonville FL 32216	<input checked="" 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	
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	
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	
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	
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: <u>Gerald D. Franklin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-4-05</u> Daytime Phone # <u>(904) 733-1505</u>		