

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P15121

1. Entity Name

M.G. AVIATION, INC.



FILED

04 FEB -9 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

RT. 168

Suite, Apt. #, etc.

P.O. BOX 767

City & State

ASHLAND, KY

City & State

ASHLAND, KY

4. FEI Number

61-0941457

Applied For

Not Applicable

Zip

41101

Country

BOYD

Zip

41105

Country

BOYD

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MORRIS L. GRIFFITHS

Street Address (P.O. Box Number is Not Acceptable)

6995 NOVA ROAD

City

ST. CLOUD

FL

Zip Code 32769

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MORRIS L. GRIFFITHS
1931 GREEN SPRINGER ROAD
ASHLAND, KY 41102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700028662867
02/12/04--01038--030 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
ELIZABETH HALL
1915 WILSHIRE BLVD
ASHLAND, KY 41101

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

MORRIS L. GRIFFITHS

02-03-04

(606) 739-5139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

222

M.G. AVIATION, INC.
P.O. BOX 767
ASHLAND, KENTUCKY 41105-0767
(606) 739-5139

October 13, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32614.6327


Re: 2003 Annual Filing Report, Record # P15121

We did not receive the Annual Filing Report nor did we receive the second notice.

We are enclosing a Check in the amount of \$158.75 to cover the annual filing fee, plus \$8.75 for a Certificate of Status.

Please waive the late filing and reinstatement fees.

Yours truly,


Morris L. Griffiths
President
