
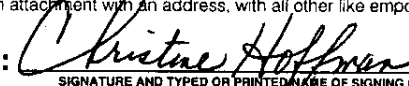


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2004 8:00 am
Secretary of State

06-28-2004 90011 005 ***558.75

DOCUMENT # P16878			
1. Entity Name AVIATION CONSTRUCTORS, INC.			
Principal Place of Business 2690 CUMBERLAND PKWY., SUITE 500 ATLANTA, GA 30339		Mailing Address 1525 RICHARD PETTY BLVD. DAYTONA BEACH, FL 32114 US	
2. Principal Place of Business 601 N. Ashley Dr.		3. Mailing Address 601 N. Ashley Dr.	
Suite, Apt. #, etc. Suite 1100		Suite, Apt. #, etc. Suite 1100	
City & State Tampa, Fl		City & State Tampa, Fl	
Zip 33602	Country USA	Zip 33602	Country USA
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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	T HARBOUR, KENNETH 2690 CUMBERLAND PKWY., SUITE 500 ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Harbour, Kenneth 1281 Fulton Ind. Blvd., NW Atlanta, Ga. 30336 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STRATTON, TERRY A 12 VALE CLOSE ATLANTA, GA 30324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Francis A. Cardinal 6123 Donegal Dr. Orlando, FL 32819 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEVELAND, J R SR 670 ATLANTA COUNTRY CLUB MARIETTA, GA 30067 <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	D STRATTON, TODD A 5653 TOWBRIDGE DRIVE ATLANTA, GA 30338 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bill Mellon 1281 Fulton Ind. Blvd., NW Atlanta, GA 30336 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEARCE, RON 2690 CUMBERLAND PARKWAY, SUITE 500 ATLANTA, GA 30339 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Christine Hoffman 10748 High Crest Court Howey In The Hills, FL 34737 <input type="checkbox"/> Change <input checked="" 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: 		CHRISTINE HOFFMAN 6-22-04 (813) 490-4300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



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06232004 Chg-P CR2E034 (10/03)

4. FEI Number
58-1742184

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required