2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000060689

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

TAMPA, FL 33610

MOBERG, ROBERT

4730 SE 33 TERR

OCALA, FL 34480

() Delete

FILED May 04, 2004 Secretary of State

Entity Nar	ne: LEADIN	NG EDGE AVIATION SERVICES,	INC.		
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	ERG AIRPO EKA SPRINO _ 33610				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	ERG AIRPO EKA SPRINO 33610				
FEI Number:	59-3272891	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MOBERG, MARK ROBERT 6582 EUREKA SPRINGS RD STE-130 TAMPA, FL 33610			MOBERG, MARK R 6582 EUREKA SPRINC TAMPA, FL 33610	6582 EUREKA SPRINGS RD	
	named entit of Florida.	y submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: MARK R. MOBERG				05/04/2004	
	Electr	onic Signature of Registered Age	ent	Date	
		193(2)(b), F.S., the corporation did no ing Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MOBERG, M	(A SPRINGS RD STE-130	Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address: City-St-Zip:	MOBERG, D	(A SPRINGS RD	Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address:	MOBERG, R	() Delete OBERT C (A SPRINGS RD STE-130	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARK R. MOBERG P 05/04/2004

(X) Change () Addition

MOBERG, ROBERT C

4730 SE 33 TERR

OCALA, FL 34480