


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000085436</b> 1. Entity Name NEWCO AVIATION SERVICES, INC.	
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Principal Place of Business 1105 TAYLOR STREET UNIT M PUNTA GORDA, FL 33950	Mailing Address 1105 TAYLOR STREET UNIT M PUNTA GORDA, FL 33950
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**DO NOT WRITE IN THIS SPACE**



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0536707	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
  
MANNIX, THERESA B  
1105 TAYLOR ST  
UNIT M  
PUNTA GORDA, FL 33950

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000111681 04/13/04-80029-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS MANNIX, PATRICK H 735 ELISA DR. PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MANNIX, THERESA B 735 ELISA DR. PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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.

<b>SIGNATURE:</b> <i>Theresa B. Mannix</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Theresa B. Mannix Vice President	4/08/04 941-639-8081 Date Daytime Phone #
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