


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P95000024112 1. Entity Name AARON'S SKYWAY, INC. |  |
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| Principal Place of Business 2114 CORTEZ ROAD W. BRADENTON, FL 34207 | Mailing Address 2114 CORTEZ ROAD W. BRADENTON, FL 34207 |
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DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent CONSTANTINO, PAULETTE 10868 FOREST RUN DRIVE BRADENTON, FL 34202-8390 | DO NOT WRITE IN THIS SPACE |
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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000037785 02/06/04-80112-010 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CONSTANTINO, FRANK 10868 FOREST RUN DRIVE BRADENTON, FL 34202 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CONSTANTINO, PAULETTE 10868 FOREST RUN DRIVE BRADENTON, FL 34202 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WEISS, EUGENE P 536 SOUTH 3RD ST COLUMBUS, OH 43215 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
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)(f), 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 907, 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 life empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Date: 2/4/04 941-782-1227 Daytime Phone #