


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2005 08:00 AM
Secretary of State

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



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3314629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CONSTANTINO, PAULETTE 10868 FOREST RUN DRIVE BRADENTON, FL 34202-9390	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 this 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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000216146 02/05/05-80036-018 150.00
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10. OFFICERS AND DIRECTORS	
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 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: FRANK J. CONSTANTINO 102-08-05 (941) 758-1088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President