2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004
Secretary of State

DOCUMENT# P95000027575

Entity Name: LAKE WALES AVIATION, INC.

Current Principal Place of Business:

450 S AIRPORT ROD
LAKE WALES AIRPORT
LAKE WALES, FL 33859 US

New Principal Place of Business:

450 S AIRPORT ROAD
LAKE WALES AIRPORT
LAKE WALES, FL 33859 US

Current Mailing Address:

450 S AIRPORT ROD
LAKE WALES AIRPORT
LAKE WALES, FL 33859 US

New Mailing Address:

450 S AIRPORT ROAD
LAKE WALES AIRPORT
LAKE WALES, FL 33859 US

FEI Number: 59-3273257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KABELLER, BETTY
440 S AIRPORT ROAD
LAKE WALES AIRPORT
LAKE WALES, FL 3359 US

Name and Address of New Registered Agent:

HILL, BETTY
440 S AIRPORT ROAD
LAKE WALES AIRPORT
LAKE WALES, FL 33859 US

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.

SIGNATURE: BETTY HILL, PRESIDENT 07/01/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: KABELLER, BETTY
Address: 440 S AIRPORT ROAD
City-St-Zip: LAKE WALES, FL 33859

Title: D ( ) Delete
Name: FAYARD, PAUL D
Address: 440 S. AIRPORT RD.
City-St-Zip: LAKE WALES, FL 33859

Title: D ( ) Delete
Name: HILL, ROGER
Address: 400 S. AIRPORT RD
City-St-Zip: LAKE WALES, FL 33859

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: HILL, BETTY
Address: 440 S AIRPORT ROAD
City-St-Zip: LAKE WALES, FL 33859

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: BETTY HILL PSTD 07/01/2004
Electronic Signature of Signing Officer or Director Date