


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90504 002 ***150.00

DOCUMENT # P96000041103

1. Entity Name
K.F.H. AVIATION, INC.



Principal Place of Business
224 AIRPORT AVENUE
VENICE, FL 34285

Mailing Address
708 GUILD DRIVE
VENICE, FL 34285 US

DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0671630

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GAFF, ROBERT M.
708 GUILD DRIVE
VENICE, FL 34285

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOFFMANN, FRANK TRENTELMOORWEG 36 F PEINE, GERMANY, D-3128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOFFMANN, KATRIN TRENTEL MOORWEG 36F PEINNE, GERMANY, D-3128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAFF, ROBERT M 708 GUILD DR VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: *Robert M. Gaff* **Robert M. GAFF** **4/26/04** **941 485-7400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #