

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90786 001 ***300.00

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04072004 Chg-P CR2E034 (10/03)

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|---|--|---|--|--|--|
| DOCUMENT # P97000006823 1. Entity Name PROFESSIONAL AIRCRAFT ACCESSORIES, INC. | | | | | |
| Principal Place of Business 3400 LILLIAN BLVD TITUSVILLE, FL 32780 US | | | Mailing Address 45025 AVIATION DR. SUITE 400 DULLES, VA 20166-7556 | | |
| 2. Principal Place of Business | | 3. Mailing Address 1750 TYSONS BLVD | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. SUITE 1400 | | | |
| City & State | | City & State MCLEAN VA | | 4. FEI Number 58-2294305 | |
| Zip | | Zip 22102-4244 | | Country USA | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BIAL, ROBERT 3400 LILLIAN BLVD TITUSVILLE, FL 32780 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO CHASTAIN, THOMAS J JR 4694 AVIATION PARKWAY SUITE K ATLANTA, GA 303496024 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V FLYNN, JOHN 45025 AVIATION DR., STE. 400 DULLES, VA 201667556 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BIAL, ROBERT 3400 LILLIAN BLVD. TITUSVILLE, FL 32780 <i>Duplication of line one</i> | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTS LOUGH, BRADLEY T 45025 AVIATION DRIVE, SUITE 400 DULLES, VA 201667516 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DANIEL, JOHN M 45025 AVIATION DRIVE SUITE 400 STERLING, VA 201667516 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V D PERSAVICH WARREN D 1750 TYSONS BLVD, SUITE 1400 MCLEAN VA 22102-4244 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1750 TYSONS BLVD, SUITE 1400 MCLEAN VA 22102-4244 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1750 TYSONS BLVD, SUITE 1400 MCLEAN VA 22102-4244 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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: <u>John L Flynn</u> JOHN L FLYNN <u>04/12/04</u> <u>703-478-5963</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |