


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 18, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000040650**

1. Entity Name  
**PAN AMERICAN AIRLINES, INC.**



Principal Place of Business <b>14 AVIATION AVENUE PORTSMOUTH, NH 03801</b>	Mailing Address <b>14 AVIATION AVENUE PORTSMOUTH, NH 03801</b>
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06092004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0841054</b>	Applied for <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**NADOLNY, JOHN R ESQ  
1722 HANGAR RD  
SANFORD, FL 32772**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FINK, DAVID A 14 AVIATION AVENUE PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MELLON, TIMOTHY 14 AVIATION AVENUE PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELSO, RICHARD S 3611 N. ABINGTON ST. ALEXANDRIA, VA 22207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FINK, ARMSTRONG D 55 HIGH STREET N. BILLERICA, MA 01862
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CAREY, JOSEPH L 14 AVIATION AVENUE PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NADOLNY, JOHN R 14 AVIATION AVENUE PORTSMOUTH, NH 03801

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06/18/04-80002-002 150.00

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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: JOHN R. NADOLNY **6/8/04** **603-766-2002**

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