

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90047 019 ***150.00

DOCUMENT # P98000098152					
1. Entity Name INTERNATIONAL AIRCRAFT COMPANY					
Principal Place of Business 7268 SE MAGELLAN LANE STUART, FL 34997			Mailing Address 7268 SE MAGELLAN LANE STUART, FL 34997		
2. Principal Place of Business 7268 MAGELLAN LANE		3. Mailing Address MAGELLAN LANE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132004 Chg-P CR2E034 (10/03)	
City & State STUART		City & State		4. FEI Number 65-0882478	
Zip FL		Country 34997		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISHER, JOHN 7268 SE MAGELLAN LANE STUART, FL 34997			7. Name and Address of New Registered Agent Name: <u>JOAN FISHER</u> Street Address (P.O. Box Number is Not Acceptable): <u>7268 MAGELLAN LANE</u> City: <u>STUART</u> FL Zip Code: <u>34997</u>		
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: <u>[Signature]</u> DATE: <u>01/31/04</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
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	D FISHER, JOHN <u>G</u> <input type="checkbox"/> Delete 7268 SE MACELLAN LANE STUART, FL 34997		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, MARLENE <u>G</u> <input type="checkbox"/> Delete 7268 SE MACELLAN LANE STUART, FL 34997		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01/31/04 112 781 3457 <small>Date Daytime Phone #</small>		