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Secretary of State
03-09-2004 90056 050 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000100410

1. Entity Name
EXECUTIVE AIRCRAFT SALES, INC.

Principal Place of Business	Mailing Address
1631 NW 51ST PLACE STE 111 FORT LAUDERDALE, FL 33309	321 N CRYSTAL LK DR STE 200 ORLANDO, FL 32803

66409283

03012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3548192
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AMBROSE, RAY
4079 CONWAY PLACE CIRCLE
ORLANDO, FL 32812

KEVIN KNIGHT
332 N. MAGNOLIA AVE
ORLANDO, FL. 32802-0087

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 3/31/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

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	PVST
NAME	AMBROSE, RAY
STREET ADDRESS	~~4079 CONWAY PLACE CIRCLE~~ 321 N. CRYSTAL LAKE DR
CITY-ST-ZIP	~~ORLANDO, FL 32812~~ ORLANDO, FL. 32803
TITLE	D
NAME	AMBROSE, RAY
STREET ADDRESS	4079 CONWAY PLACE CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 3/31/04 407 898-7251
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (OFFICER OR DIRECTOR) Date Daytime Phone #