

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90363 007 \*\*\*150.00

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<b>DOCUMENT # P98000103223</b>					
1. Entity Name <b>PEB AVIATION, INC.</b>					
Principal Place of Business <b>113 LINKSIDE CIRCLE PONTE VEDRA BCH, FL 32082</b>			Mailing Address <b>113 LINKSIDE CIRCLE PONTE VEDRA BCH, FL 32082</b>		
2. Principal Place of Business		3. Mailing Address <b>C/O VANCE BERRY</b> <b>841 PRUDENTIAL DRIVE</b>		03302004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>SUITE 1400</b>			
City & State		City & State <b>JACKSONVILLE FL</b>		4. FEI Number <b>59-3551074</b>	
Zip		Zip <b>32207</b>		Country <b>US</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BERRY, JAMES I 113 LINKSIDE CIRCLE PONTE VEDRA BCH, FL 32082</b>			Name <b>JAMES I. VANCE BERRY, JR.</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>841 PRUDENTIAL DRIVE</b>		
			<b>SUITE 1400</b>		
			City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32207</b>		
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><b>James I. Vance Berry, Jr.</b></u>				DATE <b>3/31/04</b>	
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				<small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERRY, JAMES I	NAME			
STREET ADDRESS	113 LINKSIDE CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082	CITY-ST-ZIP			
TITLE	VPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POLISNER, RICHARD I	NAME			
STREET ADDRESS	113 LINKSIDE CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EDWARDS, JEFFERSON R III	NAME			
STREET ADDRESS	113 LINKSIDE CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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><b>James I. Vance Berry, Jr., President</b></u>				DATE <b>3/31/04</b> (904) 348-6858	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	