


2005
**FOR PROFIT CORPORATION
 ANNUAL REPORT**

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90118 005 ***150.00

DOCUMENT # P99000017793 1. Entity Name PAUL FOX AVIATION, INC.					
Principal Place of Business 4096 BARCLAY DR. PACE, FL 32571			Mailing Address 4096 BARCLAY DR. PACE, FL 32571		
2. Principal Place of Business 4212 Hwy 90 #143 Suite, Apt. #, etc.		3. Mailing Address 4212 Hwy 90 #143 Suite, Apt. #, etc.			
City & State Pace, FL		City & State Pace, FL		4. FEI Number 59-3561459 NOT APPLICABLE	
Zip 32571 Country USA		Zip 32571 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOX, PAUL E 4096 BARCLAY DR. PACE, FL 32571			7. Name and Address of New Registered Agent Name FOX PAUL E Street Address (P.O. Box Number is Not Acceptable) 4212 Hwy 90 #143 City Pace FL Zip Code 32571		
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 Paul E Fox (NOTE: Registered Agent signature required when reinstating) DATE 04-08-04					
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	P FOX, PAUL E 4096 BARCLAY DR. PACE, FL 32571 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOX PAUL E 4212 Hwy 90 #143 Pace Florida 32571 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOX, DEBBY 4096 BARCLAY DR. PACE, FL 32571 <input checked="" type="checkbox"/> Delete		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	
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	
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	
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: Paul E Fox SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04-08-04 856-393-1623 Date Daytime Phone #		