2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2004
Secretary of State

DOCUMENT# P99000020125

Entity Name: TETON JET, INC.

Current Principal Place of Business:

3636 MEDALLION AVENUE
NEWPORT, AR 72112

New Principal Place of Business:

Current Mailing Address:

3636 MEDALLION AVE
NEWPORT, AR 72112

New Mailing Address:

FEI Number: 82-0527112 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: GROSVENOR, J. MARK
Address: 3636 MEDALLION AVENUE
City-St-Zip: NEWPORT, AR 72112

Title: P ( ) Delete
Name: KARCHNER, RUSTY
Address: 3636 MEDALLION AVENUE
City-St-Zip: NEWPORT, AR 72112

Title: VP ( ) Delete
Name: WESTERVELT, ANDY
Address: 3636 MEDALLION AVENUE
City-St-Zip: NEWPORT, AR 72112

Title: VPCF ( ) Delete
Name: BROWN, CHARLIE
Address: 3636 MEDALLION AVENUE
City-St-Zip: NEWPORT, AR 72112

Title: S ( ) Delete
Name: HOUT, PHIL
Address: PO BOX 69
City-St-Zip: NEWPORT, AR 72112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES BROWN CFO 06/30/2004

Electronic Signature of Signing Officer or Director Date