

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000082299

FILED
Apr 21, 2004
Secretary of State

Entity Name: C M S AIRCRAFT SUPPORT GROUP, INC.

Current Principal Place of Business:

6913 NW 43 ST
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

5 NORTH BEST POINT
INVERNESS, FL 34450

New Mailing Address:

6913 NW 43 STREET
MIAMI, FL 33166

FEI Number: 65-0948400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUNDELIUS, WALTER D SR
5 NORTH BEST POINT
INVERNESS, FL 34450

Name and Address of New Registered Agent:

COCKRELL, DAVID A
6913 NW 43 STREET
MIAMI, FL 33166

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: DAVID A. COCKRELL

04/21/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: LUNDELIUS, WALTER D SR
Address: 5 NORTH BEST POINT
City-St-Zip: INVERNESS, FL 34450

Title: PD () Delete
Name: COCKRELL, DAVID A
Address: 6913 NW 43 ST
City-St-Zip: MIAMI, FL 33166

Title: VD () Delete
Name: STEELE, STEVEN
Address: 6913 NW 43 ST
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: COCKRELL, KATHLEEN H
Address: 6913 NW 43 STREET
City-St-Zip: MIAMI, FL 33166

Title: PDT (X) Change () Addition
Name: COCKRELL, DAVID A
Address: 6913 NW 43 ST
City-St-Zip: MIAMI, FL 33166

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: DAVID A. COCKRELL

PDT

04/21/2004

Electronic Signature of Signing Officer or Director

Date