


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90463 027 \*\*\*150.00

<b>DOCUMENT # P99000104209</b> 1. Entity Name <b>AVION HOLDINGS, INC.</b>					
Principal Place of Business <b>2099 PINE RIDGE RD          NAPLES FL 34103</b>			Mailing Address <b>2099 PINE RIDGE RD          NAPLES FL 34103</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3616519</b>	
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LEIGH, DAVID E          5150 TAMiami TRAIL NORTH          #501          NAPLES FL 34103</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>JAROGZ, EDWARD</b>		NAME		
STREET ADDRESS	<b>148 CYPRESS WAY E #101</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES FL 34110</b>		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>KEDZIOR, ADAM</b>		NAME		
STREET ADDRESS	<b>180 CYPRESS WAY E B106</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES FL 34110</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LEAR, BEATA</b>		NAME	<b>Secretary</b>	
STREET ADDRESS	<b>3550 14TH ST N</b>		STREET ADDRESS	<b>4791 11th Ave SW</b>	
CITY-ST-ZIP	<b>NAPLES FL 34110</b>		CITY-ST-ZIP	<b>Naples, FL 34116</b>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>VP</b>		NAME	<b>Jon W Lear</b>	
STREET ADDRESS			STREET ADDRESS	<b>4791 11th Ave SW</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Naples FL 34116</b>	
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: _____			Date: <b>4-27-04</b> Daytime Phone #: <b>597 5667</b> <b>234-545-455</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					