


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # S00266	
1. Entity Name PALM COAST AVIATION, INC.	

Principal Place of Business 2 OFFICE PARK DR. STE A-17 PALM COAST, FL 32137 US	Mailing Address 2 OFFICE PARK DR. STE A-17 PALM COAST, FL 32137 US
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3293836	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PATTERSON, JUDITH G. TWO OFFICE PARK DRIVE, SUITE A STE A-17 PALM COAST, FL 32137

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6. 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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000067838 02/27/04-80016-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PATTERSON, RANDALL E. 6 CHINOOK CT. PALM COAST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS PATTERSON, JUDITH G. 8 CHINOOK CT. PALM COAST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	Judith G. Patterson	1/13/2004	386-445-9446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #