**FILED**
**Jul 06, 2004 8:00 am**
**Secretary of State**
07-06-2004 90004 011 ***150.00

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S00688

1. Entity Name
EXPRESS AIRCRAFT CORPORATION

Principal Place of Business
728 LAGOON DR.
NORTH PALM BEACH, FL 33408

Mailing Address
728 LAGOON DR.
NORTH PALM BEACH, FL 33408

54059940

04082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 65-0221223 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**
BUSLIK, JEAN-FRANCOIS
728 LAGOON DRIVE
NORTH PALM BEACH, FL 33408

**7. Name and Address of New Registered Agent**
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | 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 Diane Somerville Diane Somerville
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE | PD | ☐ Delete |
| NAME | BUSLIK, JEAN-FRANCOIS | |
| STREET ADDRESS | 728 LAGOON DRIVE | |
| CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 | |
| TITLE | VP | ☐ Delete |
| NAME | SOMERVILLE, DIANE | |
| STREET ADDRESS | 728 LAGOON DRIVE | |
| CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 | |
| TITLE | | ☐ Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Delete |
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| TITLE | | ☐ Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| | | |
|---|---|---|
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
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| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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:** Diane Somerville 4/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #