## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S29062

Entity Name: AVIATION, POWER & MARINE, INC.

FILED Jan 14, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3030 SW 13TH PLACE 3030 SW 13TH PLACE

BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426 US

**Current Mailing Address: New Mailing Address:** 

3030 SW 13TH PLACE 3030 SW 13TH PLACE

BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426 US

FEI Number: 65-0253079 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MAZER, BARRY MAZER, BARRY 3030 SW 13TH PLACE 3030 SW 13TH PLACE

BOYTON BEACH, FL 33426 BOYTON BEACH, FL 33426 US

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: BARRY MAZER, REGISTERED AGENT 01/14/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

( ) Delete

Title:

Name:

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition

MAZER, BARRY, Name: MAZER, BARRY 3030 SW 13TH PLACE 3030 SW 13TH PLACE Address: Address:

City-St-Zip: BOYNTON BEACH, FL City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: **VPS** Title: () Delete (X) Change ( ) Addition

MAZER, DAWN Name: DAWN MAZER. Name: 3030 SW 13TH PLACE 3030 SW 13TH PLACE Address: Address:

BOYNTON BEACH, FL 33426 US BOYNTON, FL City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: ( ) Delete MIBAB, ALAN ENSLEIN, ROBERT L Name: Name:

3030 SW 13TH PLACE 3030 SW 13TH PLACE Address: Address:

City-St-Zip: BOYNTON BEACH, FL City-St-Zip: BOYNTON BEACH, FL 33426 US

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: BARRY MAZER DP 01/14/2004