

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 367095

1. Entity Name
A1A AERIAL SERVICES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 21 AM 7:17

Principal Place of Business 712 ST. JOHNS AVE. PALATKA FL 32178 US	Mailing Address PO BOX 1337 PALATKA FL 32177 US
---	--



MOORE CR2E034 (4/04)

2. Principal Place of Business <i>712 St. Johns Ave</i>	3. Mailing Address <i>712 St. Johns Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Palatka FL</i>	City & State <i>Palatka FL</i>
-----------------------------------	-----------------------------------

4. FEI Number 59-1087025	Applied For Not Applicable
------------------------------------	-------------------------------

Zip <i>32177</i>	Country
---------------------	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

KOHUTH, R.T.
712 ST. JOHN'S AVE.
E PALATAKA FL 32177

7. Name and Address of New Registered Agent

Name <i>Kohuth, R.T.</i>	Street Address (P.O. Box Number is Not Acceptable) <i>712 St. Johns Ave</i>
City <i>Palatka</i>	State FL
Zip Code <i>32177</i>	

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: *R.T. Kohuth* DATE: *7.14.04*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOHUTH, R.T. 712 ST. JOHNS AVE PALATKA FL 32177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *R.T. Kohuth* DATE: *7.14.04* DAYTIME PHONE #: *386-312-8338*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/04