


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000005417

1. Entity Name
 JET AVIATION HOLDINGS, INC.



Principal Place of Business ATTN: OFFICE OF THE CFO 113 CHARLES A. LINDBERGH DRIVE TETERBORO, NJ 07608	Mailing Address ATTN: OFFICE OF THE CFO 113 CHARLES A. LINDBERGH DRIVE TETERBORO, NJ 07608
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05062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3030517	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAUB, THEO 112 CHARLES A. LINDBERGH DRIVE TETERBORO, NJ 07608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTGOMERY, ERIC 112 CHARLES A. LINDBERGH DRIVE TETERBORO, NJ 07608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREGORY, MICHAEL 1515 PERIMETER ROAD WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEUKA, WILLIAM 113 CHARLES A LINDBERGH DRIVE TETERBORO, NJ 07608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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100000365038
 05/09/05-80025-006 150.00

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: [Signature] 05/06/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #