


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90346 029 ***150.00

DOCUMENT # P94000026163
 1. Entity Name
PENN YAN AEROPARTS OF FLORIDA, INC.



Principal Place of Business: **2499 BATH RD, PENN YAN, NY 14527**
 Mailing Address: **2499 BATH RD, PENN YAN, NY 14527**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____



04142004 Chg-P CR2E034 (10/03)

4. FEI Number: **59-3233870**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
PIASTUCH, NANCY M
8233 MARGARITA DR
ORLANDO, FL 32817

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: _____
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: P	MIDDLEBROOK, DARYL L	<input type="checkbox"/> Delete
NAME	2612 SISSON ROAD	
STREET ADDRESS	PENN YAN, NY 14527	
CITY-ST-ZIP		
TITLE: D	MIDDLEBROOK, PATRICIA	<input type="checkbox"/> Delete
NAME	2612 SISSON ROAD	
STREET ADDRESS	PENN YAN, NY 14527	
CITY-ST-ZIP		
TITLE: D	MIDDLEBROOK, WILLIAM	<input type="checkbox"/> Delete
NAME	2601 SISSON RD	
STREET ADDRESS	PENN YAN, NY 14527	
CITY-ST-ZIP		
TITLE: V	SWARTOUT, NANCY	<input type="checkbox"/> Delete
NAME	8233 MARGARITA DR	
STREET ADDRESS	ORLANDO, FL 32817	
CITY-ST-ZIP		
TITLE:		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE:		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Piastuch, Nancy M	
STREET ADDRESS	8233 Margarita Drive	
CITY-ST-ZIP	Orlando, FL 32817	
TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nancy M Piastuch* **4-15-04** **35 536 2333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #