

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 825494

1. Entity Name
AIRCRAFT SERVICE INTERNATIONAL, INC.



Principal Place of Business

201 S ORANGE AVE
#1100
ORLANDO, FL 32801

Mailing Address

201 S ORANGE AVE
#1100
ORLANDO, FL 32801 US

DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
38-1844892

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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

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**

U000000136844
04/28/04-80101-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	RYAN, KEITH P
STREET ADDRESS	1825 LAKE ROBERTS COURT
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	S
NAME	GOLDSTEIN, JOSEPH I
STREET ADDRESS	9169 BAY HILL BLVD
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	VPCT
NAME	HARTMAN, JEFFREY P
STREET ADDRESS	488 MISTY LANE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	AT
NAME	RECTOR, RICHARD
STREET ADDRESS	2188 BENT OAK DR
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	D
NAME	RYAN, KEITH P
STREET ADDRESS	1825 LAKE ROBERTS COURT
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	D
NAME	HARTMAN, JEFFREY
STREET ADDRESS	488 MISTY LANE
CITY-ST-ZIP	WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph I Goldstein Secretary 4/22/04