

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90094 020 ***158.75

DOCUMENT # P03000083856

1. Entity Name
AIRSCAN AVIATION SERVICES, INC.



Principal Place of Business

~~3505 MURRELL RD X~~
~~ROCKLEDGE, FL 32955~~

Mailing Address

~~X3505 MURRELL RD X~~
~~XROCKLEDGE, FL 32955~~

2. Principal Place of Business

7017 Challenger Avenue

Suite, Apt. #, etc.

3. Mailing Address

7017 Challenger Avenue

Suite, Apt. #, etc.

City & State

Titusville, Florida

City & State

Titusville, Florida

Zip

32780

Country

U.S.A.

Zip

32780

Country

U.S.A.

4. FEI Number

65-1202783

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOTOPULOS, THOMAS E

~~3505 MURRELL RD X~~
~~ROCKLEDGE, FL 32955 X~~

7. Name and Address of New Registered Agent

Name
Thomas E. Fotopulos

Street Address (P.O. Box Number is Not Acceptable)

7017 Challenger Avenue

City

Titusville

FL

Zip Code
32780

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)

THOMAS E. FOTOPULOS

4/10/06
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME FOTOPULOS, THOMAS E
STREET ADDRESS 3505 MURRELL RD
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE SD ☐ Delete
NAME MANSUR, JOHN W
STREET ADDRESS 3505 MURRELL RD
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE TD ☐ Delete
NAME MANSUR, VICTORIA
STREET ADDRESS 3505 MURRELL RD
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE D ☐ Delete
NAME HOLLOWAY, WALTER F
STREET ADDRESS 3505 MURRELL RD
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE AS ☐ Delete
NAME GIBBONS, NANCY L
STREET ADDRESS 3505 MURRELL RD
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME Thomas E. Fotopulos
STREET ADDRESS 7017 Challenger Avenue
CITY-ST-ZIP Titusville, FL 32780

TITLE SD ☒ Change ☐ Addition
NAME John W. Mansur
STREET ADDRESS 7017 Challenger Avenue
CITY-ST-ZIP Titusville, FL 32780

TITLE TD ☒ Change ☐ Addition
NAME Victoria R. Mansur
STREET ADDRESS 7017 Challenger Avenue
CITY-ST-ZIP Titusville, FL 32780

TITLE D ☒ Change ☐ Addition
NAME Walter F. Holloway
STREET ADDRESS 7017 Challenger Avenue
CITY-ST-ZIP Titusville, FL 32780

TITLE AS ☒ Change ☐ Addition
NAME Nancy L. Gibbons
STREET ADDRESS 7017 Challenger Avenue
CITY-ST-ZIP Titusville, FL 32780

TITLE D ☐ Change ☒ Addition
NAME Chryseia M. Brennan
STREET ADDRESS 7017 Challenger Avenue
CITY-ST-ZIP Titusville, FL 32780

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS E. FOTOPULOS, PRESIDENT

Date

Daytime Phone #

4/10/06 (321) 268-9922