

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90442 045 \*\*\*158.75

**DOCUMENT # P03000083856**

1. Entity Name  
AIRSCAN AVIATION SERVICES, INC.



Principal Place of Business  
7017 CHALLENGER AVE  
TITUSVILLE, FL 32780

Mailing Address  
7017 CHALLENGER AVE  
TITUSVILLE, FL 32780



04162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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  
7017 CHALLENGER AVE  
TITUSVILLE, FL 32780

**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, 2007 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
NAME	FOTOPULOS, THOMAS E
STREET ADDRESS	7017 CHALLENGER AVE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	SD
NAME	MANSUR, JOHN W
STREET ADDRESS	7017 CHALLENGER AVE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	TD
NAME	MANSUR, VICTORIA
STREET ADDRESS	7017 CHALLENGER AVE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D
NAME	HOLLOWAY, WALTER F
STREET ADDRESS	7017 CHALLENGER AVE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	AS
NAME	GIBBONS, NANCY L
STREET ADDRESS	7017 CHALLENGER AVE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D
NAME	BRENNAN, CHRYSEIA M
STREET ADDRESS	7017 CHALLENGER AVE
CITY-ST-ZIP	TITUSVILLE, FL 32780

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

**SIGNATURE:**

*Nancy Gibbons (NANCY GIBBONS)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/07 (321) 268-9922*  
Date Daytime Phone #