

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90204 033 ***150.00

DOCUMENT # P01000039358

1. Entity Name

AERO BUSINESS SERVICES INC.



Principal Place of Business

4762 SPLIT RAIL PL.
MELBOURNE FL 32904

Mailing Address

4762 SPLIT RAIL PL.
MELBOURNE FL 32904

94070268

2. Principal Place of Business

4762 SPLIT RAIL PL

3. Mailing Address

PO BOX 120053

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

W. MELBOURNE FL

Zip

Country

USA

Zip

32912

Country

USA

4. FEI Number

59-3711918

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANCUSO, GABRIEL J
4762 SPLIT RAIL PLACE
MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name

N/A

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MANCUSO, GABRIEL J
STREET ADDRESS 4762 SPLIT RAIL PL.
CITY-ST-ZIP MELBOURNE FL 32904

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CE11 321 266-04.05