

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000001636

**Entity Name:** AERIAL SOLUTIONS, INC.

**Current Principal Place of Business:**

7074 RAMSEY FORD RD.  
TABOR CITY, NC 28463

**Current Mailing Address:**

7074 RAMSEY FORD RD.  
TABOR CITY, NC 28463

**FEI Number:** 72-1052695

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name COX, WILLIAM CIV  
Address 7074 RAMSEY FORD RD.  
City-State-Zip: TABOR CITY NC 28463

Title AS  
Name COLEMAN, HEATHER W  
Address 7074 RAMSEY FORD ROAD  
City-State-Zip: TABOR CITY NC 28463

Title S  
Name WEBBER, EMILY  
Address 7074 RAMSEY FORD ROAD  
City-State-Zip: TABOR CITY NC 28463

Title TREA  
Name COX, WILLIAM CIII  
Address 7074 RAMSEY FORD ROAD  
City-State-Zip: TABOR CITY NC 28463

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HEATHER W COLEMAN

**ASSISTANT SECRETARY** 04/11/2014

Electronic Signature of Signing Officer/Director Detail

Date