


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 323847 1. Entity Name MARATHON FLIGHT SERVICES, INC.	
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Principal Place of Business 201 DYER BLVD KISSIMMEE FL 34741 US	Mailing Address 201 DYER BLVD KISSIMMEE FL 34741 US
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2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent BIRKS, JEANNE P 834 LONG BAY CT KISSIMMEE FL 34741	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	1107010211274	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIRKS, ROBERT W.			NAME	02/02/05-80115-001 150.00		
STREET ADDRESS	834 LONG BAY CT			STREET ADDRESS			
CITY - ST - ZIP	KISSIMMEE FL 34741			CITY - ST - ZIP			
TITLE	PBOD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIRKS, JEANNE PRETSCH			NAME			
STREET ADDRESS	834 LONG BAY CT			STREET ADDRESS			
CITY - ST - ZIP	KISSIMMEE FL 34741			CITY - ST - ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIRKS-KILMAN, LAUREL E			NAME			
STREET ADDRESS	3541 BRISTLECONE COURT			STREET ADDRESS			
CITY - ST - ZIP	KISSIMMEE FL 34746			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				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)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert W. Birks **ROBERT W. BIRKS** 1/29/05 407 846 6128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #