

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 323847

1. Entity Name
MARATHON FLIGHT SERVICES, INC.



Principal Place of Business
**201 DYER BLVD
KISSIMMEE, FL 34741 US**

Mailing Address
**201 DYER BLVD
KISSIMMEE, FL 34741 US**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1201848

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BIRKS, JEANNE P
834 LONG BAY CT
KISSIMMEE, FL 34741**

**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, 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	VPD
NAME	BIRKS, ROBERT W.
STREET ADDRESS	834 LONG BAY CT
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	PBOD
NAME	BIRKS, JEANNE PRETSCH
STREET ADDRESS	834 LONG BAY CT
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	ST
NAME	BIRKS-KILMAN, LAUREL E
STREET ADDRESS	3541 BRISTLECONE COURT
CITY-ST-ZIP	KISSIMMEE, FL 34746

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000438751
03/01/06-80018-018 150.00

**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: *Jeanne P. Birks* *Jeanne P. Birks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/06 *407 846 6128*

Date

Daytime Phone #