


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000001341	
1. Entity Name RUSSELL AVIATION SERVICES, INC.	

Principal Place of Business 8191 N. TAMiami TRAIL SUITE 210 SARASOTA, FL 34243	Mailing Address 8191 N. TAMiami TRAIL SUITE 210 SARASOTA, FL 34243
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DO NOT WRITE IN THIS SPACE



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2222750	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

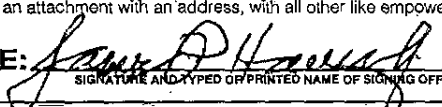
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000208553 02/01/05-80090-016 150.00
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10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	RUSSELL, J. DR.
STREET ADDRESS	2 NORTH TAMiami TRAIL, SUITE 1200
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	T
NAME	CHILSON, KATHLEEN
STREET ADDRESS	2 NORTH TAMiami TR SUITE 1200
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	P
NAME	HAUSCH, JAMES
STREET ADDRESS	8191 N TAMiami TRAIL SUITE 210
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **James P. Hausch, President** **1/21/05** **(941) 358-1624**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #