

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 12, 2006 08:00 AM

Secretary of State

DOCUMENT # F02000001636



1. Entity Name
AERIAL SOLUTIONS, INC.

Principal Place of Business

**7074 RAMSEY FORD RD.
TABOR CITY, NC 28463**

Mailing Address

**7074 RAMSEY FORD RD.
TABOR CITY, NC 28463**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
72-1052695

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**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	PT
NAME	COX, WILLIAM C III
STREET ADDRESS	7074 RAMSEY FORD RD.
CITY-ST-ZIP	TABOR CITY, NC 28463
TITLE	AS
NAME	WHITE, HEATHER A
STREET ADDRESS	7074 RAMSEY FORE ROAD
CITY-ST-ZIP	TABOR CITY, NC 28463
TITLE	S
NAME	COX, EMILY W
STREET ADDRESS	7074 RAMSEY FORD ROAD
CITY-ST-ZIP	TABOR CITY, NC 28463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-06
Date

910-653-9070
Daytime Phone #

DOCUMENT # F02000001636