


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F05000002807</b>	
1. Entity Name <b>AIRCRAFT ENGINE SERVICES (AES) INC.</b>	

Principal Place of Business <b>380 GOLDEN KNIGHTS BLVD. TITUSVILLE, FL 32780</b>	Mailing Address <b>380 GOLDEN KNIGHTS BLVD. TITUSVILLE, FL 32780</b>
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04172006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1922024</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000544158</b> <b>05/11/06-80023-020 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOISJOLI, JOSE 726 ST-JOSEPH, VALCOURT QUEREC CANADA JOE 2L
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VV LAMBERT, ROCH 10101 SCIENCE DRIVE STUNTEVANT, WI 5317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLSON, JENNIFER 726 ST-JOSEPH, VALCOURT QUEBEC CANADA JOE 2LO,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHWARTZBAUER, ROBERT A 50 SOUTH SIXTH STREET SUITE 1500 MINNEAPOLIS, MN 55402
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 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.

<b>SIGNATURE</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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