

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90229 016 ***150.00

DOCUMENT # F05000007225

1. Entity Name
BBA AVIATION SHARED SERVICES, INC.



Principal Place of Business Mailing Address
201 S. ORANGE AVE. **201 S. ORANGE AVE.**
SUITE 1290 **SUITE 1290**
ORLANDO, FL 32801 **ORLANDO, FL 32801**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

04252008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3095227 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP VAN ALLEN, BRUCE S 201 S. ORANGE AVE. ORLANDO, FL 32801	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FRESE, ROBERT P 201 S. ORANGE AVE. ORLANDO, FL 32801	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV LANCE, RANDALL E 201 S. ORANGE AVE. ORLANDO, FL 32801	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GOLDSTEIN, JOSEPH I 201 S. ORANGE AVE. ORLANDO, FL 32801	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 32245 Equestrian Trail Sorrento, Florida 32776
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 1221 Via Del Mar Winter Park, Florida 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 9169 Bay Hill Boulevard Orlando, Florida 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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

4/30/2008
Date

407-648-7200
Daytime Phone #