

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F93000002877

1. Entity Name
TOP AVIATION SERVICES, INC.



Principal Place of Business
1792 BELL TOWER LANE
STE 210
WESTON, FL 33326

Mailing Address
1792 BELL TOWER LANE
SUITE 210
WESTON, FL 33326



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0436601

Applied For
Not Applicable

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

ALL INFORMATION WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORNELL, G. WARE JR.
C/O CORNELL & ASSOCIATES
1792 BELL TOWER LANE, SUITE 210
WESTON, FL 33326

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 reappointing)

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	DC
NAME	KUENZL, ADOLF
STREET ADDRESS	A-1238 VIENNA
CITY - ST - ZIP	ENDRESSTRASSE 125/EG AUGUST.
TITLE	PST
NAME	CORNELL, G. WARE JR.
STREET ADDRESS	1792 BELL TOWER LANE STE 210
CITY - ST - ZIP	WESTON, FL 33326
TITLE	D
NAME	KUENZL, ADOLF
STREET ADDRESS	C/O AIRFIELD KOTTINGBRUAN, SUITE 524
CITY - ST - ZIP	A-2540 BAD VOESLOV, AUSTRIA,
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000562942
05/14/06-B0075-011 150.00

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

5/1/06 954-524-2703

Date

Daytime Phone #