

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 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**



04042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0436601

Applied For
Not Applicable

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

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**

**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, 2007 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	DC KUENZL, ADOLF A-1238 VIENNA ENDRESSTRASSE 125/EG AUGUST,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST CORNELL, G. WARE JR. 1792 BELL TOWER LANE STE 210 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KUENZL, ADOLF C/O AIRFIELD KOTTINGBRUAN, SUITE 524 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	

**DO NOT WRITE
IN THIS SPACE**

U000000711960
04/26/07-80029-009 158.75

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

G. Ware Cornell Jr. 4/16/07

Date

954-524-2703

Daytime Phone #