

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # F94000001613

1. Entity Name

CITY AVIATION SERVICES, INC.



Principal Place of Business

3400 EAST LAFAYETTE
DETROIT, MI 48207

Mailing Address

3400 EAST LAFAYETTE
DETROIT, MI 48207



04112006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

38-3036303

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

**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

1100000537619
05/19/06-80025-021 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
SOAVE, ANTHONY L
3400 EAST LAFAYETTE
DETROIT, MI

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
PLESKO, MICHAEL L
3400 EAST LAFAYETTE
DETROIT, MI

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VTD
PIESKO, MICHAEL L
3400 EAST LAFAYETTE
DETROIT, MI

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
FRANK, BRYANT M
3400 EAST LAFAYETTE
DETROIT, MI 48207

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MCCANN, KATHLEEN B
3400 EAST LAFAYETTE
DETROIT, MI 48207

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LEVIN, YALE
3400 EAST LAFAYETTE
DETROIT, MI 48207

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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

Bryant M. Frank 4/19/06

Daytime Phone #