

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90097 001 ***150.00

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1. Entity Name

AVIATION SALES DISTRIBUTION SERVICES COMPANY



Principal Place of Business

**623 RADAR ROAD
C/O CORP FINANCE
GREENSBORO NC 27410**

Mailing Address

**623 RADAR ROAD
C/O CORP FINANCE
GREENSBORO NC 27410**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0673002

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
**CCEO
RIMMER, ROY T
623 RADAR ROAD
GREENSBORO NC 27410** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CCEV
CAMPBELL, C. ROBERT
623 RADAR ROAD
GREENSBORO NC 27410** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SCHWARTZ, PHILIP B
ONE SE 3RD AVE., 28TH FLOOR
MIAMI FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CARTER, KEVIN J
623 RADAR ROAD
GREENSBORO NC 27410** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
PIROZZI, FRANCIS X
623 RADAR ROAD
GREENSBORO NC 27410** ☒ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PLCO
West, Gil
623 Radar Road
Greensboro, NC 27410** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President & Treasurer ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VLAO
Fritz Baumgartner
623 Radar Road
Greensboro, NC 27410** ☐ 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 exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #