

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000000893**

1. Entity Name

PERFORMANCE AIRCRAFT SERVICES, INC.



Principal Place of Business

PO BOX 612168  
DALLAS, TX 75261

Mailing Address

PO BOX 612168  
DALLAS, TX 75261

**DO NOT WRITE IN THIS SPACE**



07082004 No Chg-P CR2E034 (10/03)

4. FEI Number

75-2509425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, DAVID M  
1393 SW FIRST ST., #200  
MIAMI, FL 33135-2386

**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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE CP  
NAME JONES, ROBERT D  
STREET ADDRESS 2808 SOUTH SHORE DR.  
CITY-ST-ZIP GRAPEVINE, TX 76051

TITLE DVS  
NAME JONES, SUSAN  
STREET ADDRESS 2808 SOUTH SHORE DR.  
CITY-ST-ZIP GRAPEVINE, TX 76051

TITLE V  
NAME GRIFFIN, KENNETH W  
STREET ADDRESS 8501 NAVIGATION DR.  
CITY-ST-ZIP ROWLETT, TX 75088

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000169793  
08/09/04-80011-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 #

*[Signature]* S Jones 8/4/04 92-574-4250