


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90288 009 \*\*\*150.00

<b>DOCUMENT # F99000004834</b>	
1. Entity Name COLT AVIATION SERVICES, INC.	

Principal Place of Business 12929 GULF FREEWAY, SUITE 310 HOUSTON, TX 77034	Mailing Address 12929 GULF FREEWAY, SUITE 310 HOUSTON, TX 77034
---	---

**DO NOT WRITE IN THIS SPACE**



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number 76-0507453	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGP CPT DM HAWKINS, THOMAS M 2882 BRIDLEPATH FRIENDSWOOD, TX 77546
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SDM PURDOM, JOEL C <del>1011 OAK PARK LANE</del> 800 Shady Bend Lane FRIENDSWOOD, TX 77546
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**

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

4/24/06  
Date

281-464-6600  
Daytime Phone #