

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J26562

FILED
Jan 10, 2006
Secretary of State

Entity Name: SPRUCE CREEK AIRCRAFT SERVICES, INC.

Current Principal Place of Business:

2370 OLD SAMSULA ROAD
DAYTONA BEACH, FL 32128 US

New Principal Place of Business:

2379 OLD SAMSULA ROAD
DAYTONA BEACH, FL 32128 US

Current Mailing Address:

2379 OLD SAMSULA ROAD
DAYTONA BEACH, FL 32128 US

New Mailing Address:

FEI Number: 59-2696995 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELLER, FORREST
2379 OLD SAMSULA ROAD
DAYTONA BEACH, FL 32128 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: HELLER, FORREST,
Address: 2379 OLD SAMSULA ROAD
City-St-Zip: DAYTONA BEACH, FL

Title: D () Delete
Name: HELLER, FORREST,
Address: 2379 OLD SAMSULA ROAD
City-St-Zip: DAYTONA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FORREST HELLER

PST

01/10/2006

Electronic Signature of Signing Officer or Director

_____ Date