

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000005450**

1. Entity Name  
**A & C AVIATION SERVICES, LLC**



Principal Place of Business  
 740 AIRPORT ROAD  
 ORMOND BEACH, FL 32174

Mailing Address  
 740 AIRPORT ROAD  
 ORMOND BEACH, FL 32174



02222005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>05-0562427</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BARKIN, MARSHALL H**  
 149 S. RIDGEWOOD AVENUE, SUITE 710  
 DAYTONA BEACH, FL 32114

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONTE, ANTHONY S 430 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARRANTS, JACK C 311 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176
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 03/17/05-80058-010 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Jack Arrants*

*3-14-05* *386-673-9327*  
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE