

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 **05-0562427** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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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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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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #