


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 28, 2005 - 08:00 AM
Secretary of State

| | | | |
|--|---|---|--|
| DOCUMENT # L44978 | |  | |
| 1. Entity Name GEIDEL AIRCRAFT SERVICES, INC. | | | |
| Principal Place of Business 1600 NW NO RIVER DR #100 MIAMI FL 33125 | | Mailing Address 1000 N.W. NORTH RIVER DR., UNIT 106 MIAMI FL 33136 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| FLOWERS, CHARLES J. 1600 NW NO RIVER DR SUITE 100 MIAMI FL 33125 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D GEIDEL, REINHARD OSKAR ISIDOR CARO STREET 6 KEOLN 80, WEST GERM. <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000000245285 02/28/05-80021-005 150.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V FLOWERS, CHARLES J. 1000 N.W. NORTH RIVER DR., UNIT 106 MIAMI FL 33136 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. 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 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:  **Charles J. Flowers** **2/25/05 (305) 326-1718**