

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90052 040 ***150.00

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1. Entity Name

**AIRCRAFT RESCUE AND FIRE FIGHTING TECHNICAL
SERVICES, INCORPORATED**



Principal Place of Business

**501 E BROADWAY
RED LION, PA 17356**

Mailing Address

**501 E BROADWAY
RED LION, PA 17356**

40018010



01152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3671753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRANNAN, SHARON CPA
161 N MAIN ST.
WILLISTON, FL 32696**

**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, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME WRIGHT, JOSEPH A SR.
STREET ADDRESS 501 E BROADWAY
CITY-ST-ZIP RED LION, PA 17356

TITLE STVP
NAME WRIGHT, KAREN B
STREET ADDRESS 501 E BROADWAY
CITY-ST-ZIP RED LION, PA 17356

TITLE VP
NAME ZORZI, WENDY
STREET ADDRESS 209 BUCKET POST COURT
CITY-ST-ZIP BEL AIR, MD 21014

TITLE VP
NAME WRIGHT, JOSEPH JR.
STREET ADDRESS 501 E BROADWAY
CITY-ST-ZIP RED LION, PA 17356

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

KAREN B. WRIGHT

2-7-05

717-244-2488