

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000096062**

1. Entity Name  
**CIVIL AVIATION TRAINING SOLUTIONS, INC.**



Principal Place of Business  
**4908 TAMPA W BLVD  
TAMPA, FL 33634**

Mailing Address  
**2929 W. AIRFIELD DRIVE  
P.O. BOX 619119  
DALLAS, TX 75261**



**DO NOT WRITE IN THIS SPACE**

04112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-1053380**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324**

**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

**4-15-08**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000913572  
05/08/08-80021-016 158.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEONTIDIS, NICK 4908 TAMPA W BLVD TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLMAND, DAVE 4908 TAMPA W BLVD TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREDERICK, GLENN 4908 TAMPA W BLVD TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAQUEPAS, ALAIN 4908 TAMPA W BLVD TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNICK, RON 4908 TAMPA WEST BLVD TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

**475-08**