

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000098574

FILED
Apr 22, 2006
Secretary of State

Entity Name: R & S AVIATION SERVICES, INC.

Current Principal Place of Business:

231 SE TRESSLER DRIVE
STUART, FL 34994

New Principal Place of Business:

1232 SW WELLINGTON AVENUE
PORT ST LUCIE, FL 34953

Current Mailing Address:

231 SE TRESSLER DRIVE
STUART, FL 34994

New Mailing Address:

1232 SW WELLINGTON AVENUE
PORT ST. LUCIE, FL 34953

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMBS, SANDRA
27507 BARETTA DRIVE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

COMBS, SANDRA
1232 SW WELLINGTON AVENUE
PORT ST LUCIE, FL 34953 US

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.

SIGNATURE: SANDRA COMBS

04/22/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COMBS, REX L
Address: 27507 BARETTA DR.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: FLETCHER-COMBS, SANDRA G
Address: 27507 BARETTA DR.
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COMBS, REX L
Address: 1232 SW WELLINGTON AVENUE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D (X) Change () Addition
Name: FLETCHER-COMBS, SANDRA G
Address: 1232 SW WELLINGTON AVENUE
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REX COMBS

MR

04/22/2006

Electronic Signature of Signing Officer or Director

Date