


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90023 017 ***158.75

DOCUMENT # P01000015252 1. Entity Name C'S AVIATION MANAGEMENT CORP			
Principal Place of Business 1758 GLEN ABBY LANE WINTER HAVEN, FL 33881		Mailing Address 1758 GLEN ABBY LANE WINTER HAVEN, FL 33881	
2. Principal Place of Business 21 Chinkapin Circle		3. Mailing Address 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Homosassa FL		City & State 	
Zip 34446		Country 	
4. FEI Number 65-1076524		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CARROLL, MICHAEL F 1758 GLEN ABBY LANE WINTER HAVEN, FL 33881		7. Name and Address of New Registered Agent 21 Chinkapin Circle Homosassa, FL 34446	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARROL, MICHAEL 1758 GLEN ABBY LANE WINTER HAVEN, FL 33881	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARROL, MICHAEL 21 Chinkapin Circle Homosassa, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WENDY, CARROLL 1758 GLEN ABBY LANE WINTER HAVEN, FL 33881	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARROLL, WENDY 21 Chinkapin Circle Homosassa, FL 34446
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SIGNATURE: **X** **W H Carroll** **WENDY H CARROLL** **1-30-06** **3523820672**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #