

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000046728

1. Entity Name
AEROTRUK FINANCIAL SERVICES, INC.



Principal Place of Business
1980 N. HOAGLAND BLVD
KISSIMMEE, FL 34741 US

Mailing Address
1980 N. HOAGLAND BLVD.
KISSIMMEE, FL 34741 US

FILED
Jan 22, 2007 08:00 AM
Secretary of State



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3716629
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHACHT, WILLIAM E
1980 N. HOAGLAND BLVD.
KISSIMMEE, FL 34741

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U000000597083
01/24/07-80022-003 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SCHACHT, WILLIAM
1980 N. HOAGLAND BLVD.
KISSIMMEE, FL 34741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SCHACHT, FEROZA
1980 N. HOAGLAND BLVD.
KISSIMMEE, FL 34741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Pres - William Schacht

Date:

1/13/2007

Daytime Phone #

407.574.5432