

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083993

Entity Name: J.A.S. AIRCRAFT SALES, INC.

FILED
Jan 14, 2005
Secretary of State

Current Principal Place of Business:

9624 SUNBEAM CENTER DR
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

9624 SUNBEAM CENTER DR
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-3738779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANFILIPPO, ANDREW P
9624 SUNBEAM CENTER DR
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SANFILIPPO, ANDREW P
Address: 9624 SUNBEAM CENTER DR
City-St-Zip: JACKSONVILLE, FL 32257

Title: DS () Delete
Name: SANFILIPPO, JUDY A
Address: 11135 CHESTER LAKE RD E
City-St-Zip: JACKSONVILLE, FL 32257

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SANFILIPPO, ANDREW P
Address: 7698 HOLLYRIDGE CIR.
City-St-Zip: JACKSONVILLE, FL 32256

Title: DS (X) Change () Addition
Name: SANFILIPPO, JUDY A
Address: 7698 HOLLYRIDGE CIR.
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Change (X) Addition
Name: BLANKENSHIP, ADRIANA
Address: 5710 BRANDON LAKE CT.
City-St-Zip: JACKSONVILLE, FL 32258

I hereby certify that the information supplied with this filing does not qualify for the 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 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: H. SHANE CORMIER

COO

01/14/2005

Electronic Signature of Signing Officer or Director

Date