## 2005 FOR PROFIT SORPORATION

## **FILED AM**

Daytime Phone #

ANNUAL REPO	<u> </u>	_ Apr 09, 2005 08:00 <i>i</i>
DOCUMENT # P02000010515		Secretary of State
1. Entity Name S/A AVIATION SERVICES INC.		
Principal Place of Business Mailing Ac	ddress	
	rus trail N Beach, Fl. 33436	
BOYNTON BEACH, FL 33436 BOYNTO	N DENGI, FE 33430	) (Maningo) 231 mai)20 jinia aniii mess) nesis nnies stati metan estat jinas ejiinas (s jost
DO NOT WOITE IN T	THE CDACE	04062005 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN T	MIS SPACE	4. FEI Number Applied For 80-0033006 Not Applicable
		5 Certificate of Status Desired Status Desired
6. Name and Address of Current Registered A	gent	Fee Required
MODAS, DANIEL A 1215 SE 2ND AVE., #202		DO NOT WRITE
FT. LAUDERDALE, FL 33335		IN THIS SPACE
8. The above named entity submits this statement for the purpose the obligations of registered agent.	of changing its registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registored agent and fills if applicable	le. (NOTE Registered Agent signature require	d when reinstating) DATE
Signature, турва от риптеа пата от гедавтила адент вло пте и едонсари	(NOTE Hagistere Agent signature racture)	O extrem (ampained)
After May 1, 2005 Fee will be \$550.00	Election Campaign Financing \$5 Trust Fund Contribution.   Add	i.00 May Be ded to Fees
10 OFFICERS AND DIRECTORS		
NAME SHACKELFORD, DONNIE R		
STREET ADDRESS 216 CITRUS TRAIL CITY-SI-ZIP BOYNTON BEACH, FL 33436		U00000296061 04/09/05-80050-024 150.00
ITTLE		
NAME STREET ADDRESS		
CITY-ST-ZIP	<u> </u>	
TITLE		
NAME STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		a Table a seem to the control of the
TITLE NAME		IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP		
TITLE		
NAME CONCET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		<u> </u>
TITLE		
NAME STREET ADDRESS		
CITY-ST-ZIP		ALCONOMIC Florida Constant of the constant of
12. I hereby certify that the information supplied with this fifting does not qualify for the exemption stated in Section 119.07(3)(f), 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.		
changed, or on an attachment with an address, with all other like empowered.  DONNIC R  SIGNATURE: Name R. Shackelad Snackelad 4-4-05 561-344-4444		
SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #