

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000021156

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** AIRCRAFT MAINTENANCE TRAINING INSTITUTE, INC.

**Current Principal Place of Business:**

7033 STAPOINT COURT  
SUITE A-1  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

7033 STAPOINT COURT  
SUITE A-1  
WINTER PARK, FL 32792

**New Mailing Address:**

2910 WILLOW BAY TERRACE  
CASSELBERRY, FL 32707

**FEI Number:** 01-0621709

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KLASING, ELENA M  
2910 WILLOW BAY TERR.  
CASSELBERRY, FL 32707 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KLASING, MICHAEL A  
Address: 2910 WILLOW BAY TERR.  
City-St-Zip: CASSELBERRY, FL 32707

Title: VP  
Name: KLASING, ELENA M  
Address: 2910 WILLOW BAY TERR.  
City-St-Zip: CASSELBERRY, FL 32707

I hereby 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 all other like empowered.

SIGNATURE: ELENA M. KLASING

VP

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date