2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State DOCUMENT # P02000105456 03-17-2005 90013 043 ***150.00 1. Entity Name MARTIN AIRCRAFT SERVICES, INC. Principal Place of Business Mailing Address 208 CESSNA BLVD **208 CESSNA BLVD** DAYTONA BEACH, FL 32128 DAYTONA BEACH, FL 32128 2. Principal Place of Business 208 CESSNA 3. Mailing Address 208 Cessna Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. 02252005 Chg-P CR2E034 (10/03) City & State Orange City & State 4. FEI Number Applied For Port Orange 11-3656701 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Benny ERTEL, BENNY (P.O. Box Number is Not Acceptable) 208 CESSNA BLVD DAYTONA BEACH, FL 32128 City Port Zin Code 32128 Orange 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. $\frac{1}{\sqrt{2}}$ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE Change Addition MARTIN, MARK A 📑 Martin, Mark A. NAME NAME STREET ADDRESS 208 CESSNA BLVD. 208 Cessna Blvd. STREET ADDRESS Port Orange, FL 32128 CITY-ST-ZIP DAYTONA BEACH, FL 32128 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition Ertel, Benny 208 Cessna Blvd **ERTEL, BENNY** NAME NAME STREET ADDRESS 208 CESSNA BLVD. STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32128 CITY-ST-ZIP Port Orange, FL 32128 ms ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 attach the mith an address, with all behalf like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

FILED

Mar 17, 2005 8:00 am

Daytime Phone 6