2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 07, 2008 8:00 am Secretary of State DOCUMENT # P02000131596 04-07-2008 90050 022 ***150.00 FLORIDA AIRCRAFT SERVICES, INC. Principal Place of Business Mailing Address 1545 S.R. 64 WEST 1545 S.R. 64 WEST AVON PARK, FL 33825 AVON PARK, FL 33825 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01092008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 11-3667528 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent POPE, GEORGE C Street Address (P.O. Box Number is Not Acceptable) 1545 State Road 64 4600 DUFFER LOOP SEBRING, FL 33872 Zip Code 33825 rark 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. KIGNING FUE FloRIDA AMERAH SFAVICES SIGNATURA FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRESIDENT STD Addition TITLE ☐ Delete TITLE ☐ Change Richaed MCKENZIE KASLEY, KEVIN M NAME NAME 1545 STATE ROAD 64W 1545 STATE ROAD 64 W STREET ADDRESS STREET ADDRESS AVON PARK, FL 33825 AVON PACK, FL 33825 CITY-ST-ZIP CITY-ST-ZIP TITLE **X** Delete TITLE ☐ Change ☐ Addition POPE, GEORGE C NAME NAME 1545 STATE ROAD 64 W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVON PARK, FL 33825 CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition Change TITLE TITLE

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 wit address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURÉ

NAME

STREET ADDRESS

CITY-ST-ZIP

OFFICER OR DIRECTOR

01/12/08

FILED