

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000007738

1. Entity Name

CONTRAILS AVIATION CONSULTING, INC



FILED
Feb 21, 2007 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/06)

Principal Place of Business
829 26TH STREET
VERO BEACH FL 32960

Mailing Address
829 26TH STREET
VERO BEACH FL 32960

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 51-0447066

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTZ, DAVID W
829 26TH STREET
VERO BEACH FL 32960

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
SCHWARTZ, DAVID W
829 26TH ST.
VERO BEACH FL 32960 ☐ Delete

TITLE
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CITY-STATE-ZIP
☐ Change ☐ Addition
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03/01/07-80009-021 150.00

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829 26TH ST.
VERO BEACH FL 32960 ☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 with an address, with all other like empowered.

SIGNATURE:

David W. Schwartz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/07 772-778-9618

Date

Daytime Phone #