2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000023741

1. Entity Name
JEROME AVIATION SERVICES, INC.

Principal Place of Business	Mailing Address
1701 HIGHWAY A-1-A SUITE 220 VERO BEACH, FL 32963	1701 HIGHWAY A-1-A SUITE 220 VERO BEACH, FL 32963

DO NOT WRITE IN THIS SPACE

04252006   No Chg-P   CR2E034 (11/05)

4. FEI Number 14-1874673	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

DOTY, KEVIN S
1701 HIGHWAY A-1-A
SUITE 220
VERO BEACH, FL 32963

DO NOT WRITE IN THIS SPACE

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

U000000550844
05/13/06-80077-011 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PTD
NAME	JEROME, RALPH P
STREET ADDRESS	25 SEAHORSE LANE
CITY-ST-ZIP	VERO BEACH, FL 329605231
TITLE	VSD
NAME	JEROME, CAROLE A
STREET ADDRESS	25 SEAHORSE LANE
CITY-ST-ZIP	VERO BEACH, FL 329605231

DO NOT WRITE IN THIS SPACE

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 with an address, with all other like empowered.

SIGNATURE: _Ralph Jerome_ Prg. RALPH P. JEROME   4-25-06   772-567-1570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #