

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90014 003 \*\*\*150.00

**DOCUMENT # P03000023741**

1. Entity Name  
JEROME AVIATION SERVICES, INC.



Principal Place of Business

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

Mailing Address

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



01302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

947-20th Place  
Vero Beach, FL  
32960

**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)

18 April 2008  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph P. Jerome

4-4-08

Date

772-567-1570

Daytime Phone #