

# **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000074165

**FILED**  
**Jan 30, 2006**  
**Secretary of State**

**Entity Name:** PRIMEPLANES AIRCRAFT SERVICES, INC.

**Current Principal Place of Business:**

240 AVIATION DR N STE 102  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

240 AVIATION DR N STE 102  
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number:** 55-0838546

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STURM, CARSTEN  
240 AVIATION DR N STE 102  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

FOWLER WHITE BOGGS BANKER PA  
5811 PELICAN BAY BLVD.  
NAPLES, FL 34108 US

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.

**SIGNATURE:** ERIN FARMER

01/30/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** STURM, CARSTEN  
**Address:** 240 AVIATION DRIVE N #102  
**City-St-Zip:** NAPLES, FL 34104

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** CARSTEN STURM

PD

01/30/2006

Electronic Signature of Signing Officer or Director

Date