


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 16, 2005 8:00 am**  
**Secretary of State**

08-16-2005 90040 026 \*\*\*150.00

<b>DOCUMENT #</b> P04000168938	
1. Entity Name <b>AVIATION MAINTENANCE SERVICES, INC.</b>	

Principal Place of Business <b>HANGAR 3 ROUTE 109, REPUBLIC AIRPORT FARMINGDALE NY 11735 US</b>	Mailing Address <b>P.O. BOX 408 FARMINGDALE NY 11735 US</b>
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2. Principal Place of Business <b>501 PEARL HARBOR DR</b>	3. Mailing Address <b>1648 TAYLOR ROAD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b># 109</b>

2nd MOORE CR2E034 (5/05)

City & State <b>DAYTONA Beach, FL</b>	City & State <b>PORT ORANGE FL</b>
Zip <b>32114</b>	Country <b>USA</b>
Zip <b>32128</b>	Country <b>USA</b>

4. FEI Number <b>20-2147107</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>FORM-A-CORP INC. 100 VILLAGE SQUARE CROSSING SUITE 103 PALM BEACH GARDENS FL 33410</b>	
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7. Name and Address of New Registered Agent Name <b>GREG DILLON</b> Street Address (P.O. Box Number is Not Acceptable) <b>1648 TAYLOR Rd # 109</b> City <b>PORT ORANGE</b> FL Zip Code <b>32128</b>	
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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 <u>Greg Dillon, President</u>  <u>8/12/05</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
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<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P DILLON, GREG HANGAR 3 ROUTE 109, REPUBLIC AIRPORT FARMINGDALE NY 11735 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIDOUT, NEIL HANGAR 3 ROUTE 109, REPUBLIC AIRPORT FARMINGDALE NY 11735 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GREG DILLON 1648 TAYLOR Rd, #109 PORT ORANGE, FLORIDA 32128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Treasurer NEIL RIDOUT 1648 TAYLOR Road # 109 PORT ORANGE FL 32128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEVIN MCCARTHY 853 OLD MEDFORD AVE MEDFORD, NY 11763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	
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SIGNATURE: <u>Greg Dillon, President</u> 	<u>8/12/05</u>	<u>631-845-0404</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #