

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000168938

FILED  
Apr 08, 2007  
Secretary of State

Entity Name: AVIATION MAINTENANCE SERVICES, INC.

## Current Principal Place of Business:

RTE 109  
REPUBLIC AIRPORT  
FARMINGDALE, NY 11735 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 408  
FARMINGDALE, NY 11735 US

## New Mailing Address:

FEI Number: 20-2147107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DILLON, GREG  
1648 TAYLOR ROAD  
SUITE 109  
PORT ORANGE, FL 32128 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DILLON, GREG  
Address: 1648 TAYLOR ROAD SUITE 109  
City-St-Zip: PORT ORANGE, FL 32128 US

Title: ST ( ) Delete  
Name: RIDOUT, NEIL  
Address: 1648 TAYLOR ROAD SUITE 109  
City-St-Zip: PORT ORANGE, FL 32128 US

Title: V ( ) Delete  
Name: MCCARTHY, KEVIN  
Address: 853 OLD MEDFORD AVENUE  
City-St-Zip: MEDFORD, NY 11763

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: GREG DILLON

P

04/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date