

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000168938**

1. Entity Name  
**AVIATION MAINTENANCE SERVICES, INC.**



Principal Place of Business  
**RTE 109  
REPUBLIC AIRPORT  
FARMINGDALE, NY 11735 US**

Mailing Address  
**P.O. BOX 408  
FARMINGDALE, NY 11735 US**



03182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br><b>20-2147107</b>   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional<br/>Fee Required</b> |                               |

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$350.00**

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

**10. OFFICERS AND DIRECTORS**

|                |                            |
|----------------|----------------------------|
| TITLE          | P                          |
| NAME           | DILLON, GREG               |
| STREET ADDRESS | 1648 TAYLOR ROAD SUITE 109 |
| CITY-ST-ZIP    | PORT ORANGE, FL 32128      |
| TITLE          | ST                         |
| NAME           | RIDOUT, NEIL               |
| STREET ADDRESS | 1648 TAYLOR ROAD SUITE 109 |
| CITY-ST-ZIP    | PORT ORANGE, FL 32128      |
| TITLE          | V                          |
| NAME           | MCCARTHY, KEVIN            |
| STREET ADDRESS | 853 OLD MEDFORD AVENUE     |
| CITY-ST-ZIP    | MEDFORD, NY 11763          |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |

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04/08/08-80065-013 158.75

**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

3/18/08 386 871 8349  
Date Daytime Phone #