

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000094940

Entity Name: AVION SERVICES, INC.

FILED
Apr 06, 2007
Secretary of State

Current Principal Place of Business:

8815 CONROY WINDERMERE RD.
P.O. BOX 343
ORLANDO, FL 32835

New Principal Place of Business:

8815 CONROY WINDERMERE RD. #343
ORLANDO, FL 32835

Current Mailing Address:

8815 CONROY WINDERMERE RD.
P.O. BOX 343
ORLANDO, FL 32835

New Mailing Address:

8815 CONROY WINDERMERE RD. #343
ORLANDO, FL 32835

FEI Number: 30-0073684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAROSE, ROBERT E
5069 ISLEWORTH COUNTRY CLUB DRIVE
WINDERMERE, FL 34786 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/D () Delete
Name: LAROSE, ROBERT E
Address: 5069 ISLEWORTH COUNTRY CLUB DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: VP/T () Delete
Name: LAROSE, ROBERT E
Address: 5069 ISLEWORTH COUNTRY CLUB DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: S () Delete
Name: LAROSE, ROBERT E
Address: 5069 ISLEWORTH COUNTRY CLUB DRIVE
City-St-Zip: WINDERMERE, FL 34786

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: ROBERT E. LAROSE

P/D

04/06/2007

Electronic Signature of Signing Officer or Director

Date