

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000094940

Entity Name: AVION SERVICES, INC.

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8815 CONROY WINDERMERE RD. #343  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

8815 CONROY WINDERMERE RD. #343  
ORLANDO, FL 32835

**New Mailing Address:**

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  
Name: LAROSE, ROBERT E  
Address: 5069 ISLEWORTH COUNTRY CLUB DRIVE  
City-St-Zip: WINDERMERE, FL 34786

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT E. LAROSE

PRES

01/07/2010

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

\_\_\_\_\_  
Date