


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 12, 2007 8:00 am**  
**Secretary of State**

09-12-2007 90002 018 \*\*\*550.00

<b>DOCUMENT # P06000019539</b> 1. Entity Name <b>MAJOR AIR SERVICES, INC.</b>					
Principal Place of Business <b>341 CORAL SEA AVENUE DAYTONA BEACH, FL 32114</b>			Mailing Address <b>341 CORAL SEA AVENUE DAYTONA BEACH, FL 32114</b>		
2. Principal Place of Business - No P.O. Box # <b>3217 VAIL VIEW DR.</b>		3. Mailing Address <b>3217 VAIL VIEW DR.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>DAYTONA BEACH, FL.</b>		City & State <b>DAYTONA BEACH, FL.</b>		4. FEI Number <b>90-025-5410</b>	
Zip <b>32128</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LYONS, MEL 341 CORAL SEA AVENUE DAYTONA BEACH, FL 32114</b>		7. Name and Address of New Registered Agent Name <b>LYONS, MEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>3217 VAIL VIEW DR.</b> City <b>DAYTONA BEACH FL</b> Zip Code <b>32128</b>			
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 <b>Mel Lyons</b> <b>MEL LYONS</b> <b>P</b> <b>9-10-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!! FEE IS \$550.00 Due by September 14, 2007</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LYONS, MEL</b> <b>341 CORAL SEA AVENUE</b> <b>DAYTONA BEACH, FL 32114</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MEL LYONS</b> <b>3217 VAIL VIEW DR</b> <b>DAYTONA, BEACH, FL. 32128</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>BECKER, PHIL</b> <b>341 CORAL SEA AVENUE</b> <b>DAYTONA BEACH, FL 32114</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>Becker, Phil</b> <b>3217 VAIL VIEW DR</b> <b>DAYTONA BEACH, FL. 32128</b>	
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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.					
<b>SIGNATURE: Mel Lyons</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>9-10-07 386-290-4998</b> <small>Date Daytime Phone #</small>		