Apr 24 08 12:00p Daniel DeIulio,CPA Charte 772467

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Apr 28, 2008 8:00 am
Secretary of State
04-28-2008 90408 006 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000022796

1. Entity Name
AIRCRAFT SPECIALTIES, INC.

401

Principal Place of Business	Mailing Address
2946 CURTIS KING BLVD. FORT PIERCE, FL 34946	2946 CURTIS KING BLVD. FORT PIERCE, FL 34946

NOTE CHANGE of ADDRESS!!

04232008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3180 AIRMANS DRIVE	3180 AIRMANS DRIVE
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Fort Pierce Fl	City & State: Ft Pierce Fl
Zip: 34946 County: ST LUCIE	Zip: 34946 County: ST LUCIE

4. FEI Number 20-8474311 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG, CRAIG A
436 PENINSULA DR
FORT PIERCE, FL 34946

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD YOUNG, CRAIG A 436 PENINSULA DR. FORT PIERCE, FL 34946	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] PRESIDENT 4/23/08 772-466-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — TITLE — DATE — DAYTIME PHONE #

CRAIG A. YOUNG