

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000034055

Entity Name: FMS AIRSPARES, INC.

FILED
Sep 17, 2009
Secretary of State

Current Principal Place of Business:

14821 YONGE DRIVE
JACKSONVILLE, FL 32229

New Principal Place of Business:

2346 INDIAN SPRINGS DRIVE
JACKSONVILLE, FL 32246

Current Mailing Address:

PO BOX 18328
JACKSONVILLE, FL 32229

New Mailing Address:

FEI Number: 26-2334100 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODS, MERRILL L
2346 INDIAN SPRINGS DRIVE
JACKSONVILLE, FL 32246 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 () Delete
Name: WOODS, MERRILL L
Address: 2346 INDIAN SPRINGS DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP () Delete
Name: CARTER, GILMER T III
Address: 1543 RIVERTRACE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: T () Delete
Name: CARTER, GILMER T III
Address: 1543 RIVERTRACE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: S () Delete
Name: CARTER, GILMER T III
Address: 1543 RIVERTRACE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CARTER, GILMER T III
Address: 345 OSPREY CIRCLE
City-St-Zip: ST MARYS, GA 31558

Title: T (X) Change () Addition
Name: CARTER, GILMER T III
Address: 345 OSPREY CIRCLE
City-St-Zip: ST MARYS, GA 31558

Title: S (X) Change () Addition
Name: CARTER, GILMER T III
Address: 345 OSPREY CIRCLE
City-St-Zip: ST MARYS, GA 31558

I hereby certify that the information supplied with this filing does not qualify 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: MERRILL WOODS

P

09/17/2009

Electronic Signature of Signing Officer or Director

_____ Date