

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

02-17-2006 90072 023 ***150.00

DOCUMENT # P94000083491

1. Entity Name
FLORIDA AVIATION SUPPLY, INC.



Principal Place of Business
**2709 SUMERTREE LANE
GULF BREEZE FL 32563
US**

Mailing Address
**1160 BAYVIEW LN
GULF BREEZE FL 32563
US**

000003400



2. Principal Place of Business
Suite, Apt. #, etc.
1160 Bayview Ln
City & State
Gulf Breeze, FL
Zip
32563 Country
Santa Rosa

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

1st MOORE CR2E034 (10/05)

4. FEI Number
59-3280082

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HINTON, MARLA J
2709 SUMERTREE LANE
GULF-BREEZE-FL-32561**

7. Name and Address of New Registered Agent
Name
Roger A. Masbey
Street Address (P.O. Box Number is Not Acceptable)
1160 Bayview Ln
City
Gulf Breeze, FL Zip Code
32563

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 **Roger A. Masbey** DATE **3-13-06**

Signature, typewritten or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HINTON, JR, THOMAS D		NAME Thomas D Hinton, Jr.	
STREET ADDRESS 2709 SUMMERTREE LANE		STREET ADDRESS 720 Boone Rd	
CITY-ST-ZIP GULF BREEZE FL		CITY-ST-ZIP Altmore A1 36502	
TITLE VVPS	<input type="checkbox"/> Delete	TITLE VVPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HINTON, MARLA		NAME Marla Hinton	
STREET ADDRESS 2709 SUMMERTREE LANE		STREET ADDRESS 720 Boone Rd	
CITY-ST-ZIP GULF BREEZE FL 32561		CITY-ST-ZIP Altmore A1 36502	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 justice 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]** DATE **850-934-1959**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



ATTACHMENT

66005286

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2006

FLORIDA AVIATION SUPPLY, INC.
1160 BAYVIEW LN
GULF BREEZE, FL 32563 US

Subject: **FLORIDA AVIATION SUPPLY, INC.**

Reference Number:

P94000083491

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD

ANNUAL REPORTS SECTION