

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000085436

Entity Name: NEWCO AVIATION SERVICES, INC.

FILED
Apr 11, 2005
Secretary of State

Current Principal Place of Business:

1105 TAYLOR STREET
UNIT M
PUNTA GORDA, FL 33950

Current Mailing Address:

1105 TAYLOR STREET
UNIT M
PUNTA GORDA, FL 33950

New Principal Place of Business:

1133 BAL HARBOR BLVD.
SUITE 1139
PUNTA GORDA, FL 33950

New Mailing Address:

1133 BAL HARBOR BLVD.
SUITE 1139
PUNTA GORDA, FL 33950

FEI Number: 65-0536707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANNIX, THERESA B
1105 TAYLOR ST
UNIT M
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

MANNIX, THERESA B
1133 BAL HARBOR BLVD.
SUITE 1139
PUNTA GORDA, FL 33950 US

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:

04/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: MANNIX, PATRICK H
Address: 735 ELISA DR.
City-St-Zip: PUNTA GORDA, FL 33950

Title: VT () Delete
Name: MANNIX, THERESA B
Address: 735 ELISA DR.
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: MANNIX, PATRICK H
Address: 2620 TARPON COVE DRIVE #311
City-St-Zip: PUNTA GORDA, FL 33950

Title: VT (X) Change () Addition
Name: MANNIX, THERESA B
Address: 2620 TARPON COVE DRIVE #311
City-St-Zip: PUNTA GORDA, FL 33950

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THERESA B. MANNIX

VT

04/11/2005

Electronic Signature of Signing Officer or Director

Date