

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000093493	
1. Entity Name AERONAUTICAL SERVICES, INC.	

Principal Place of Business 27377 MOONEY AVE BLD 117 PUNTA GORDA, FL 33982 US	Mailing Address PO BOX 510637 PUNTA GORDA, FL 33951 US
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0543183	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARRARD, THOMAS W 520 EAST OLYMPIA AVENUE PUNTA GORDA, FL 33950

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000502326 04/25/06-80099-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILTON, RICKEY 27377 MOONEY AVE BLD 117 PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILTON, RICKEY 27377 MOONEY AVE BLD 117 PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAMOUDA, SANDRA 21245 COACHMAN AVE PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RICKEY HILTON 4-6-06 941 639 2647	Date 4-6-06	Employee Phone # 941 639 2647
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