

2005 FOR PROFIT CORPORATION ANNUAL REPORT

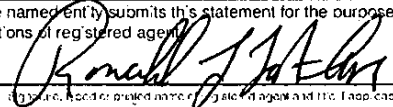
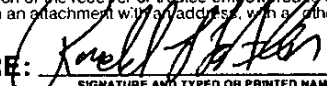
FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90029 019 ***150.00

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01062005 Chg-P CR2E034 (10/03)

DOCUMENT # P96000033254					
1. Entity Name EDGE AVIATION SERVICES, INC.					
Principal Place of Business 1016 SW 5TH PLACE FT LAUDERDALE, FL 33302			Mailing Address P O BOX 437 FT LAUDERDALE, FL 33302		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 65-0659118				Applied For Not Application	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILBERTSON, STEPHEN 2200 NE 26 ST WILTON MANORS, FL 33305			7. Name and Address of New Registered Agent Name: Gilbertson, Stephen Street Address (P.O. Box Number is Not Acceptable): 2220 East Oakland Park Blvd Suite 109 City: Fort Lauderdale, FL Zip Code: 33306		
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:  (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 11		
TITLE	PSTD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	LAFLEUR, RONALD L		NAME		
STREET ADDRESS	1016 SW 5TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33312		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ 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 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 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 a power of attorney, or on an attachment with an address, with a power of attorney.					
SIGNATURE: 			SIGNATURE: Ronald L Lafleur		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 6 Jan 2005		