

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90293 038 \*\*\*150.00

**DOCUMENT # P97000101575**

1. Entity Name  
**D. & R. AIRFRAME SERVICES CORPORATION**



Principal Place of Business

**ROUTE 7 BOX 469A  
LAKE CITY, FL 32055**

Mailing Address

**P.O. BOX 2396  
LAKE CITY, FL 32056-2396**

**3887 E US HIGHWAY 90**



03262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3468046**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**D & R AIRFRAME SARV. CORP.  
ROUTE 7 BOX 424  
LAKE CITY, FL 32055**

**DO NOT WRITE  
IN THIS SPACE**

**3887 E. US HIGHWAY 90**

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

*R.C. Ryals* **R.C. Ryals**

**04/23/2004**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	RYALS, ROY C
STREET ADDRESS	P.O. BOX 2396
CITY-ST-ZIP	LAKE CITY, FL 320562396
TITLE	D
NAME	RYALS, JANICE K
STREET ADDRESS	P.O. BOX 2396
CITY-ST-ZIP	LAKE CITY, FL 320562396
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 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 all other like empowered.

SIGNATURE:

*R.C. Ryals* **R.C. Ryals**

**04/23/2004 386-755-4466**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #