

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90041 024 ***150.00

DOCUMENT # P98000025722

1. Entity Name

DISCOVERY AVIATION SERVICES, INC.



Principal Place of Business
7000 CHALLENGER AVE
TITUSVILLE FL 32780

Mailing Address
7000 CHALLENGER AVE
TITUSVILLE FL 32780



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

7060 N. U.S. Hwy One

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit AA102

1st MOORE

CR2E034 (10/06)

City & State

City & State

Cocoa, FL

4. FEI Number 59-3502877

Applied For

Not Applicable

Zip

Country

Zip

Country

32927-5207

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUHL, MARVIN T
7000 CHALLENGER AVE
TITUSVILLE FL 32780

Name

Street Address (P.O. Box Number is Not Acceptable)

7060 N. U.S. Hwy One

Unit AA102

City Cocoa

FL

Zip Code

32927-5207

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

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, 2007 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 NAME STREET ADDRESS CITY ST ZIP	PD JUHL, MARVIN T 7000CHALLENGER AVENUE TITUSVILLE FL 32780	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	STD JUHL, LORRAINE M 7000 CHALLENGER AVENUE TITUSVILLE FL 32780	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:

Marvin T. Juhl

MARVIN T. JUHL PD

26 MAR 07

321-631-1878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #