

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90032 001 ***150.00

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1. Entity Name

AERODROME SERVICES INC.



Principal Place of Business

807 N.W. 29TH COURT
WILTON MANORS FL 33311

Mailing Address

807 N.W. 29TH COURT
WILTON MANORS FL 33311



2. Principal Place of Business

4865 STAFFORD CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

4865 STAFFORD CIRCLE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

CHARLOTTE, NC

City & State

CHARLOTTE, NC

4. FEI Number

65-0906726

Applied For

Not Applicable

Zip

28211

Country

USA

Zip

28211

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANSON, SANFORD
807 N.W. 29TH COURT
WILTON MANORS FL 33311

7. Name and Address of New Registered Agent

Name

SANFORD ANSON

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

640 NW. 25th ST

City

WILTON MANORS

FL

Zip Code

33311

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

Sanford Anson

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

(NOTE: Registered Agent signature required when reinstating)

3-03-06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
ANSON, SANFORD PRES.
807 N.W. 29TH COURT
WILTON MANORS FL 33311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(SAME)
(SAME)
4865 STAFFORD CIRCLE
CHARLOTTE, NC 28211 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Sanford Anson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-03-06

Date

454-257-2411

Daytime Phone #