


**2007 FOR PROFIT CORPORATION -
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # S253407 1. Entity Name WMS AVIATION SERVICES INC.	
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Principal Place of Business
% FREDERICK C. WILLIAMS
2011 BRIGHTON BAY TRAIL
JACKSONVILLE, FL 32246

Mailing Address
% FREDERICK C. WILLIAMS
2011 BRIGHTON BAY TRAIL
JACKSONVILLE, FL 32246



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3045918	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WILLIAMS, FREDERICK C
2011 BRIGHTON BAY TRAIL
JACKSONVILLE, FL 32246

**DO NOT WRITE
IN THIS SPACE**

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**

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	PD WILLIAMS, FREDERICK C. 2011 BRIGHTON BAY TRAIL JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WILLIAMS, FREDERICK C 2011 BRIGHTON BAY TRAIL JACKSONVILLE, FL 32246
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02/08/07-80013-001 150.00

**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: Frederick C. Williams Frederick C. Williams 1/30/07 904 221-6693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #