

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 08:00 AM
Secretary of State

DOCUMENT # S25340	
1. Entity Name WMS AVIATION SERVICES INC.	

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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E034 (10/07)
4. FEI Number 59-3045918	Applied For ☐ Not Applicable

6. Name and Address of Current Registered Agent WILLIAMS, FREDERICK C 2011 BRIGHTON BAY TRAIL JACKSONVILLE FL 32246	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <i>[Signature]</i>	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete PD WILLIAMS, FREDERICK C. 2011 BRIGHTON BAY TRAIL JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete VST WILLIAMS, FREDERICK C 2011 BRIGHTON BAY TRAIL JACKSONVILLE FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D WILLIAMS, FREDERICK C 2011 BRIGHTON BAY TRAIL JACKSONVILLE FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000847597 03/19/08-80027-004 150.00
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 changes, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: <i>Fredrick C. Williams</i>	3-3-2008 9042216693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone