
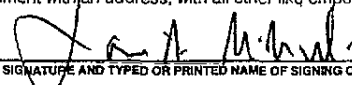


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V63743</b> 1. Entity Name <b>SOUTHEAST AVIATION SERVICES, INC.</b>		
Principal Place of Business <b>4415 WESTLAKE DR TITUSVILLE, FL 32783-5741</b>		Mailing Address <b>P.O. BOX 5741 TITUSVILLE, FL 32783</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>MCMILLAN, JAMES A 4415 WESTLAKE DR TITUSVILLE, FL 32780</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT HUDDLESTON, DAVID A 3054 SKYLINE DR COCOA, FL 32922	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCMILLAN, BRENDA B 4415 WESTLAKE DR TITUSVILLE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS MCMILLAN, JAMES A 4415 WESTLANE DRIVE TITUSVILLE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2-6-05 (221) 383-7306 Date Daytime Phone #



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3145980</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

U00000222079  
02/09/05-80058-019 150.00

**DO NOT WRITE  
IN THIS SPACE**