

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000068424

**FILED**  
**Jan 14, 2020**  
**Secretary of State**  
**4728361570CC**

**Entity Name:** ADVANTAGE AIR SERVICES, INC.

**Current Principal Place of Business:**

861 E BAY STREET  
OSPREY, FL 34229

**Current Mailing Address:**

PO BOX 1449  
OSPREY, FL 34229

**FEI Number:** 20-1047325

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DAVIS, TIM S  
861 E BAY STREET  
OSPREY, FL 34229 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P/V  
Name DAVIS, TIM S  
Address 861 E. BAY STREET  
City-State-Zip: OSPREY FL 34229

Title T/S  
Name DAVIS, TIM S  
Address 861 E. BAY STREET  
City-State-Zip: OSPREY FL 34229

Title D/C  
Name DAVIS, TIM S  
Address 861 E. BAY STREET  
City-State-Zip: OSPREY FL 34229

Title M  
Name DAVIS, TIM S  
Address 861 E. BAY STREET  
City-State-Zip: OSPREY FL 34229

Title O  
Name DAVIS, TIM S  
Address 861 EAST BAY STREET  
City-State-Zip: OSPREY FL 34229

Title O  
Name DAVIS, TIM S  
Address 861 EAST BAY STREET  
City-State-Zip: OSPREY FL 34229

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIM S DAVIS

**PRESIDENT**

**01/14/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date