

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000096062

FILED  
Jul 21, 2005  
Secretary of State

Entity Name: CIVIL AVIATION TRAINING SOLUTIONS, INC.

**Current Principal Place of Business:**

4908 TAMPA W BLVD  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

2929 W. AIRFIELD DRIVE  
1  
DALLAS, TX 75261

**New Mailing Address:**

2929 W. AIRFIELD DRIVE  
P.O. BOX 619119  
DALLAS, TX 75261

FEI Number: 65-1053380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US

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

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEONTIDIS, NICK  
Address: 4908 TAMPA W BLVD  
City-St-Zip: TAMPA, FL 33634

Title: S ( ) Delete  
Name: ALLMAND, DAVE  
Address: 4908 TAMPA W BLVD  
City-St-Zip: TAMPA, FL 33634

Title: T ( ) Delete  
Name: FREDERICK, GLENN  
Address: 4908 TAMPA W BLVD  
City-St-Zip: TAMPA, FL 33634

Title: D ( ) Delete  
Name: RENARD, PAUL  
Address: 4908 TAMPA W BLVD  
City-St-Zip: TAMPA, FL 33634

Title: D ( ) Delete  
Name: BENNICK, RON  
Address: 4908 TAMPA WEST BLVD  
City-St-Zip: TAMPA, FL 33634

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: RAQUEPAS, ALAIN  
Address: 4908 TAMPA W BLVD  
City-St-Zip: TAMPA, FL 33634

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DAVID ALLMAND

S

07/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date