

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 193932

FILED
Mar 09, 2007
Secretary of State

Entity Name: FLEETWING CORPORATION

Current Principal Place of Business:

742 S COMBEE ROAD
PO BOX 22
LAKELAND, FL 33802

New Principal Place of Business:

742 S COMBEE ROAD
LAKELAND, FL 33801

Current Mailing Address:

PO BOX 22
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 59-0775191 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICKETTS, DAVID A
742 SOUTH COMBEE RD.
LAKELAND, FL 33801 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RICKETTS, DAVID A.,
Address: 742 S COMBEE RD
City-St-Zip: LAKELAND, FL

Title: VD (X) Delete
Name: SMITH, E B,
Address: 742 S COMBEE RD
City-St-Zip: LAKELAND, FL

Title: STD () Delete
Name: ELSBERRY, W.R.,
Address: 742 S COMBEE RD
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: CURRAN, NATALIE E
Address: 1417 HOLLEMAN DRIVE
City-St-Zip: VALRICO, FL 33594

Title: VD () Delete
Name: SMITH, WALTER ANDREW
Address: 742 S COMBEE RD
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: MCGINNIS, CECILIA
Address: 3625 ALCOT WAY
City-St-Zip: CUMMINGS, GA 30041

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

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

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 Chapter 119, 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 A RICKETTS

PD

03/09/2007

Electronic Signature of Signing Officer or Director

_____ Date