

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 193932

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: FLEETWING CORPORATION

**Current Principal Place of Business:**

742 S COMBEE ROAD  
LAKELAND, FL 33801

**New Principal Place of Business:**

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

Title: D ( ) Delete  
Name: BLALOCK, RALPH  
Address: 409 EUNICE RD  
City-St-Zip: LAKELAND, FL 33803

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

Title: D ( ) Delete  
Name: COWART, WILLIAM P  
Address: 3914 US HWY 301 N STE 200  
City-St-Zip: TAMPA, FL 33619

**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 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

04/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date