

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 321854

FILED
Jan 08, 2009
Secretary of State

Entity Name: ANTIQUERS AERODROME INC

Current Principal Place of Business:

6530 SKYLINE DR
DELRAY BEACH, FL 33446 US

New Principal Place of Business:

Current Mailing Address:

6530 SKYLINE DR
DELRAY BEACH, FL 33446 US

New Mailing Address:

FEI Number: 59-2478945 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, MARGARET
6703 SKYLINE DR
DELRAY BEACH, FL 33446 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: D () Delete
Name: GRADY, JEFFREY
Address: 6814 SKYLINE DR
City-St-Zip: DELRAY BEACH, FL 33446

Title: TD () Delete
Name: THOMAS, MARGARET S
Address: 6703 SKYLINE DR
City-St-Zip: DELRAY BEACH, FL 33446

Title: SD () Delete
Name: BLAKE, ALFRED M
Address: 6889 SKYLINE DR
City-St-Zip: DELRAY BEACH, FL 33446

Title: D (X) Delete
Name: MAZZONI, WILLIAM
Address: 6655 SKYLINE DR
City-St-Zip: DELRAY BEACH, FL 33446

Title: VPD () Delete
Name: PRIESER, PEGGY
Address: 6740 SKYLINE DR
City-St-Zip: DELRAY BEACH, FL 33446

Title: D () Delete
Name: BOWER, WILLIAM M
Address: 7168 SKYLINE DR
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DRESSNER, RICK
Address: 7094 SKYLINE DR
City-St-Zip: DELRAY BEACH, FL 33446

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

Title: D (X) Change () Addition
Name: ARONOWITZ, JACK
Address: 6591 SKYLINE DR
City-St-Zip: DELRAY BEACH, FL 33446

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

Title: PD (X) Change () Addition
Name: PRIESER, PEGGY
Address: 6740 SKYLINE DR
City-St-Zip: DELRAY BEACH, FL 33446

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: MARGARET S THOMAS

_____ Electronic Signature of Signing Officer or Director

TREA

01/08/2009

_____ Date