

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90218 005 \*\*\*150.00

**DOCUMENT # 636507**  
 1. Entity Name  
 HILLIARD AVIATION, INC.



Principal Place of Business      Mailing Address  
 P.O. BOX 549                      P.O. BOX 549  
 HILLIARD, FL 32046              HILLIARD, FL 32046

**60001610**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01092007      Chg-P      CR2E034 (12/06)

City & State      City & State

4. FEI Number      Applied For  
 59-1953257      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 Sisson, Gene P.  
 End of Willie Hodges Rd.  
 Hilliard, FL 32046

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE      DATE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, JACK	
STREET ADDRESS	37661 KINGS FERRY RD	
CITY-ST-ZIP	HILLIARD, FL 32046	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CLAY, KEN	
STREET ADDRESS	37661 KINGS FERRY RD	
CITY-ST-ZIP	HILLIARD, FL 32046	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PAULK, ROBERT A.	
STREET ADDRESS	3740 BESSENT RD.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BENSON, JOSEPH E	
STREET ADDRESS	WILLIE HODGES RD	
CITY-ST-ZIP	HILLIARD, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAY, KEN	
STREET ADDRESS	12736 SONOWA SPRINGS TRAIL	
CITY-ST-ZIP	BRYCEVILLE FL 32009	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARVIN, SAM	
STREET ADDRESS	48590 CRAWFORD LN	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joe Benson, Treas.      Date: 1/9/07      Daytime Phone # \_\_\_\_\_