


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 08:00 AM
Secretary of State

DOCUMENT # H78347 1. Entity Name WANER AVIATION, INCORPORATED	
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Principal Place of Business PALM BEACH INTERNATIONAL AIRPORT 1302 N. PERIMETER ROAD WEST PALM BEACH, FL 33406 US	Mailing Address P. O. BOX 18229 WEST PALM BEACH, FL 33416 US
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07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0101080	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BLAIR, LAURENCE I
 TRADE CENTER SOUTH, SUITE 700
 100 WEST CYPRESS CREEK ROAD
 FORT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

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
Due by September 12, 2008

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARNER, WAYNE C JR 16391 EAST BRIGHTDA DRIVE LOXAHATCHEE, FL 334704124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARNER, JESSE B 108 NEW KENT COURT ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GARNER, WAYNE C III 19864 KING FISHER LANE LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARDWELL, CATHERINE G 6238 CASCADE FALLS DR BUFORD, GA 30518
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 07/14/08-60002-009-150.00

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 address, with all other like empowered.

SIGNATURE: _____ **9 July 2008** **5:12:58 PM**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #