


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # K99316 1. Entity Name ATLANTIC JET CENTER, INC. |  |
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| Principal Place of Business 1401 GENERAL AVIATION DR MELBOURNE, FL 32935 US | Mailing Address 1401 GENERAL AVIATION DRIVE MELBOURNE, FL 32935 US |
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01042008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2976949 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

EDWARDS, SPENCE J
 6534 CHRISTOPHER POINT ROAD WEST
 JACKSONVILLE, FL 32225

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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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/T EDWARDS, SPENCE J 6534 CHRISTOPHER PT RD W JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RACLIFFE, WILLIAM R. 1702 ATLANTIC STR #1D MELBOURNE BCH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HILLER, WESLEY T. 6126 GALLEON WAY TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS BRADSE, KIM E 1109 STEVEN PATRICK DR INDIAN HARBOR BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 02/12/08-80058-002 150.00

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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: *Ken Brose* **1-31-08** **321 255-7111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #