

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000043003

FILED
Feb 17, 2012
Secretary of State

Entity Name: STERLING FLIGHT TRAINING BY MALONE AIR, INC.

Current Principal Place of Business:

855 N ST. JOHNS BLUFF RD
#21
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

855 N ST. JOHNS BLUFF RD
#21
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3641032 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MALONE, MELINDA H
855 N ST. JOHNS BLUFF RD
#21
JACKSONVILLE, FL 32225 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

OFFICERS AND DIRECTORS:

Title: D
Name: MALONE, MELINDA H
Address: 855 N ST. JOHNS BLUFF RD #21
City-St-Zip: JACKSONVILLE, FL 32225

Title: D
Name: MALONE, SCOTT H
Address: 855 N ST. JOHNS BLUFF RD #21
City-St-Zip: JACKSONVILLE, FL 32225

Title: D
Name: MALONE, HAYDEN A
Address: 855 N ST. JOHNS BLUFF RD #21
City-St-Zip: JACKSONVILLE, FL 32225

Title: D
Name: MALONE, IRENE A
Address: 855 N ST. JOHNS BLUFF RD #21
City-St-Zip: JACKSONVILLE, FL 32225

I hereby 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 all other like empowered.

SIGNATURE: IRENE A. MALONE

D

02/17/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date