

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000016800

FILED
Jan 13, 2008
Secretary of State

Entity Name: DEAN'S FLIGHT, INC.

Current Principal Place of Business:

10950 LUSCOMBE CT
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

10950 LUSCOMBE CT
NEW PORT RICHEY, FL 34654

New Mailing Address:

N16565 VINGER LANE
PEMBINE, WI 54156

FEI Number: 45-0466143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENSEL, JAMES D
10950 LUSCOMBE
NEW PORT RICHEY, FL 34654 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: PD () Delete
Name: HENSEL, JAMES D
Address: 10950 LUSCOMBE CT
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: SD () Delete
Name: HENSEL, ELIZABETH A
Address: 10950 LUSCOMBE CT
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D () Delete
Name: HENSEL, J. DEAN
Address: 10950 LUSCOMBE CT
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D () Change (X) Addition
Name: MATHIS, MICHELLE E HENSEL
Address: N16564 VINGER LANE
City-St-Zip: PEMBINE, WI 54156

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: ELIZABETH A HENSEL

SD

01/13/2008

Electronic Signature of Signing Officer or Director

_____ Date