## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000129615

CAREY IV, JAMES E

10101 PADDOCK OAKS DR.

RIVERVIEW, FL 33569 US

Name:

Address:

City-St-Zip:

Entity Name: JC AVIATION, INC.

FILED Mar 10, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 10101 PADDOCK OAKS DR. RIVERVIEW, FL 33569 **Current Mailing Address: New Mailing Address:** 10101 PADDOCK OAKS DR 9402 E. HIGHWAY 92 RIVERVIEW, FL 33569 US TAMPA, FL 33610 US FEI Number: 20-5701314 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD SUITE A-100 TAMPA, FL 336123425 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRES ( ) Delete Title: () Change () Addition CAREY IV, JAMES E Name: Name: 10101 PADDOCK OAKS DR. Address: Address: City-St-Zip: RIVERVIEW, FL 33569 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: CAREY, PATRICIA J Name: 10101 PADDOCK OAKS DR. Address: Address: RIVERVIEW, FL 33569 US City-St-Zip: City-St-Zip: SECT () Delete Title: Title: () Change () Addition CAREY IV, JAMES E Name: Name: 10101 PADDOCK OAKS DR. Address: Address: City-St-Zip: RIVERVIEW, FL 33569 US City-St-Zip: Title: DIR () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES CAREY PRES 03/10/2009