

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000129615

Entity Name: JC AVIATION, INC.

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5435 MOBILE VILLA DR  
#B  
SEFFNER, FL 33584 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 291831  
TAMPA, FL 33687 US

**New Mailing Address:**

FEI Number: 20-5701314

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAREY, JAMES E  
5435 MOBILE VILLA DR  
# B  
SEFFNER, FL 33584 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: PRES  
Name: CAREY IV, JAMES E  
Address: P.O. BOX 291831  
City-St-Zip: TAMPA, FL 33687 US

Title: TRES  
Name: CAREY, PATRICIA J  
Address: P.O. BOX 291831  
City-St-Zip: TAMPA, FL 33687 US

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: JAMES CAREY

PRES

01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date