

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000095876

**FILED**  
**Apr 16, 2007**  
**Secretary of State**

**Entity Name:** CROSS CITY AVIATION, INC.

**Current Principal Place of Business:**

6040 NORTHWEST COUNTY ROAD 340  
BELL, FL 32619

**New Principal Place of Business:**

**Current Mailing Address:**

6040 NORTHWEST COUNTY ROAD 340  
BELL, FL 32619

**New Mailing Address:**

FEI Number: 65-0879913

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORAN, KAREN G  
6040 NORTHWEST COUNTY ROAD 340  
BELL, FL 32619 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: D ( ) Delete  
Name: MORAN, KAREN G  
Address: 6040 NORTHWEST CR 340  
City-St-Zip: BELL, FL 32619

Title: D ( ) Delete  
Name: MORAN, WALKER  
Address: 6040 NORTHWES5 CR 340  
City-St-Zip: BELL, FL 32619

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN G. MORAN

D

04/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date