2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P99000062971 Feb 16, 2007 08:00 AM **Secretary of State** MCCRAW AVIATION, INC. Principal Place of Business Mailing Address 13737 US HIGHWAY 301 NORTH 13737 US HIGHWAY 301 NORTH PARRISH FL 34219-8663 PARRISH FL 34219-8663 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0932931 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Dosired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCCRAW, WALKER Street Address (P.O. Box Number is Not Acceptable) 13737 US HIGHWAY 301 NORTH PARRISH FL 34219-8663 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Cam 2-13-07 leart 17 Chave (NOTE: Registered Agent signature required when reinstating) ture, typed or printed name of registered agent and title r applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD □ Change Addition mat Delete DITTE U00000641986 MCCRAW, WALKER NAME NAME 03/01/07-80022-016 150.00 13737 US HIGHWAY 301 NORTH STREET ADDRESS STREET ADDRESS PARRISH FL 34219-8663 CITY+SI-ZIP CITY-ST-ZIP STD Change TITLE ☐ Delete Addition DILLE MCCRAW, PEARL NAME NAME 13737 US HIGHWAY 301 NORTH STREET ADDRESS STREET ADDRESS PARRISH FL 34219 CITY-ST-ZIP CITY-ST-ZIP HILE Delete TITLE □ Change Addition NAM NAMI. STRUET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-ZIP Delete ☐ Change Addition HILL HILE NAME : NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP ☐ Defete □ Change Addition IIIIE TITLE NAME NAME STREET ADORESS STREET ADDRESS CHY-ST-7IP CBY St 7P □ Change Addition THE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pearl March M