

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000062971

Entity Name: MCCRAW AVIATION, INC.

FILED  
Jan 13, 2010  
Secretary of State

**Current Principal Place of Business:**

12291 GOLF COURSE ROAD  
PARRISH, FL 342198663

**New Principal Place of Business:**

**Current Mailing Address:**

12291 GOLF COURSE ROAD  
PARRISH, FL 342198663

**New Mailing Address:**

FEI Number: 65-0932931      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MCCRAW, PEARL W  
12291 GOLF COURSE ROAD  
PARRISH, FL 342198663 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  
Name: MCCRAW, PEARL W  
Address: 12291 GOLF COURSE ROAD  
City-St-Zip: PARRISH, FL 342198663

Title: STD  
Name: MCCRAW, MICHAEL P  
Address: 12291 GOLF COURSE ROAD  
City-St-Zip: PARRISH, FL 34219

Title: STD  
Name: MCCRAW, SEAN W  
Address: 12291 GOLF COURSE ROAD  
City-St-Zip: PARRISH, FL 34219

Title: STD  
Name: MARSHALL, SHANIE M  
Address: 12291 GOLF COURSE ROAD  
City-St-Zip: PARRISH, FL 34219

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: PEARL MCCRAW

PD

01/13/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date