

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 321854

**FILED**  
**Feb 26, 2015**  
**Secretary of State**  
**CC7726309060**

**Entity Name:** ANTIQUERS AERODROME INC

**Current Principal Place of Business:**

6530 SKYLINE DR  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

6530 SKYLINE DR  
DELRAY BEACH, FL 33446 US

**FEI Number:** 59-2478945

**Certificate of Status Desired:** No

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

LARSON, ERIC  
6633 SKYLINE DR  
DELRAY BEACH, FL 33446 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:** ERIC LARSON

02/26/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name LUMLEY, JOHN  
Address 6778 SKYLINE DR  
City-State-Zip: DELRAY BEACH FL 33446

Title TD  
Name THOMAS, MARGARET S  
Address 6703 SKYLINE DR  
City-State-Zip: DELRAY BEACH FL 33446

Title PRESIDENT  
Name LARSON, ERIC  
Address 6633 SKYLINE DR  
City-State-Zip: DELRAY BEACH FL 33446

Title SD  
Name PREISER, PEGGY S  
Address 7282 SKYLINE DR  
City-State-Zip: DELRAY BEACH FL 33446

Title D  
Name NIKOROWICZ, ERICH  
Address 6852 SKYLINE DR  
City-State-Zip: DELRAY BEACH FL 33446

Title VP, DIRECTOR  
Name ALISON, CHRISTOPHER  
Address 6739 SKYLINE DR  
City-State-Zip: DELRAY BEACH FL 33446

*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:** MARGARET S THOMAS

**TREASURER**

02/26/2015

Electronic Signature of Signing Officer/Director Detail

Date