

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000043003

**FILED**  
**Jan 23, 2015**  
**Secretary of State**  
**CC2466348906**

**Entity Name:** STERLING FLIGHT TRAINING BY MALONE AIR, INC.

**Current Principal Place of Business:**

855 N ST. JOHNS BLUFF RD  
#21  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

855 N ST. JOHNS BLUFF RD  
#21  
JACKSONVILLE, FL 32225

**FEI Number: 59-3641032**

**Certificate of Status Desired: No**

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

MALONE, MELINDA H  
855 N ST. JOHNS BLUFF RD  
#21  
JACKSONVILLE, FL 32225 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title D  
Name MALONE, MELINDA H  
Address 855 N ST. JOHNS BLUFF RD #21  
City-State-Zip: JACKSONVILLE FL 32225

Title D  
Name MALONE, SCOTT H  
Address 855 N ST. JOHNS BLUFF RD #21  
City-State-Zip: JACKSONVILLE FL 32225

Title D  
Name MALONE, HAYDEN A  
Address 855 N ST. JOHNS BLUFF RD #21  
City-State-Zip: JACKSONVILLE FL 32225

Title D  
Name MALONE, IRENE A  
Address 855 N ST. JOHNS BLUFF RD #21  
City-State-Zip: JACKSONVILLE FL 32225

*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: MELINDA MALONE**

**PRESIDENT**

**01/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date