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: JAMES CAMPBELL

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

CAMPBELL, JAMES D,A 5609 WILSON DRIVE PORT ORANGE, FL 32127 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:

**Officer/Director Detail :** Title Ρ Title D CAMPBELL, DONNA CAMPBELL, JAMES Name Name 270 DAVIS DRIVE, UNIT 812 5609 WILSON DRIVE Address Address City-State-Zip: PORT ORANGE FL 32127 City-State-Zip: NEWMARKET ON M1R 2-K8

#### 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000051958

Entity Name: SKYFEST AVIATION INVESTMENTS, INC.

## **Current Principal Place of Business:**

**1585 AVIATION CENTER PARKWAY** #601 DAYTONA BEACH, FL 32114

### **Current Mailing Address:**

**1585 AVIATION CENTER PARKWAY** #601 DAYTONA BEACH, FL 32114 US

#### FEI Number: 20-4732667

# Name and Address of Current Registered Agent:

DIRECTOR

Date

Certificate of Status Desired: No

04/22/2015

Date

FILED Apr 22, 2015 Secretary of State CC0360524115