

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 175021

FILED
Apr 22, 2009
Secretary of State

Entity Name: SHOWALTER FLYING SERVICE, INC.

Current Principal Place of Business:

400 HERNDON AVE
ORLANDO, FL 328035134

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 140753
ORLANDO, FL 32814

New Mailing Address:

FEI Number: 59-0700191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, ROBERT B.
558 WEST NEW ENGLAND AVENUE
SUITE 240
WINTER PARK, FL 32789 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: CD () Delete
Name: SHOWALTER, ROBERT H.
Address: 2072 ROBIN ROAD
City-St-Zip: ORLANDO, FL 32814

Title: ST () Delete
Name: KEY, LAUREN A
Address: 714 E. AMELIA STREET
City-St-Zip: ORLANDO, FL 32803 US

Title: PD () Delete
Name: SHOWALTER, KIM S.
Address: 2072 ROBIN ROAD
City-St-Zip: ORLANDO, FL 32814

Title: D () Delete
Name: WHITE, ROBERT B.
Address: 558 WEST NEW ENGLAND AVE, STE 240
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAUREN A. KEY

ST

04/22/2009

Electronic Signature of Signing Officer or Director

Date