

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 175021

FILED  
Jan 31, 2011  
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

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: SHOWALTER, ROBERT H  
Address: 2072 ROBIN ROAD  
City-St-Zip: ORLANDO, FL 32814

Title: ST  
Name: KEY, LAUREN A  
Address: 2301 PEEL AVE  
City-St-Zip: ORLANDO, FL 32806 US

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

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

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: LAUREN A. KEY

ST

01/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date