## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 175937**

City-St-Zip: PANAMA CITY, FL

Entity Name: SOWELL AVIATION COMPANY, INC.

FILED Jul 13, 2007 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of Business:	
3469 AIRF PANAMA	PORT DR CITY, FL 3240	5		
Current Mailing Address:			New Mailing Address:	
POB 1490 PANAMA	CITY, FL 3240	2		
FEI Number	: 59-0707329	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:
501 CHER PANAMA	CITY, FL 3240			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both
SIGNATU				
	Electron	ic Signature of Registered Age	ent	Date
		3(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	t receive the prior notice.	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGI	ES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	D () PRESTON, DIA 3615 SOUTHEF COLUMBUS, G	RN CT	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DVS () SOWELL, DEB 501 CHERRY S PANAMA CITY,	Т	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	DPT () SOWELL, J. DO 3045 W. 30TH ( PANAMA CITY,	CT.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	DVST () SOWELL, NADI 501 CHERRY S PANAMA CITY,	т.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	V () HENSEL, RONA 1509 TYNDALL		Title: Name: Address:	( ) Change ( ) Addition

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.

City-St-Zip:

SIGNATURE:	DIANNE S. PRESTON	D	07/13/2007