

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 10, 2008 8:00 am**  
**Secretary of State**

06-10-2008 90002 028 \*\*\*550.00

<b>DOCUMENT # 321854</b> 1. Entity Name <b>ANTIQUERS AERODROME INC</b>					
Principal Place of Business <b>6530 SKYLINE DR</b> <b>DELRAY BEACH, FL 33446 US</b>			Mailing Address <b>6530 SKYLINE DR</b> <b>DELRAY BEACH, FL 33446 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2478945</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LUMLEY, WILLIAM B</b> <b>7320 SKYLINE DRIVE</b> <b>DELRAY EBAHC, FL 33446</b>			7. Name and Address of New Registered Agent Name <b>Margaret Thomas</b> Street Address (P.O. Box Number is Not Acceptable) <b>6703 Skyline Dr</b> City <b>Delray Beach</b> <b>FL</b> Zip Code <b>33446</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>Margaret Thomas</b> <b>MARGARET THOMAS</b> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRADY, JEFFREY 6814 SKYLINE DR DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS, MARGARET S 6703 SKYLINE DR DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKE, ALFRED M 6889 SKYLINE DR DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZONI, WILLIAM 6655 SKYLINE DR DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRIESER, PEGGY 6740 SKYLINE DR DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOWER, WILLIAM M 7168 SKYLINE DR DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>Margaret Thomas</b> <b>6-6-08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					