2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Apr 06, 2007 8:00 am
Secretary of State
03-16-2007 90028 040 ***150.00

DOCUMENT # 406396

1. Entity Name
AVIOR, INC.

Principal Place of Business	Mailing Address
11247 ISLAND CLUB LN. JACKSONVILLE FL 32225-4067	11247 ISLAND CLUB LN. JACKSONVILLE FL 32225-4067

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1405437 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOFFMAN, BERNARD C. 4605 CHARLES BENNETT DRIVE JACKSONVILLE FL 32225	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Bernard C. Hoffman Pres. 3/24/07
Signature, name or printed name of registered agent, and title if applicable (Required when executed) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title / Name / Street Address / City-St-Zip	SD HOFFMAN, JANET B 11242 ISLAND CLUB LN. JACKSONVILLE FL 32225-4067 ☑ Delete	Title / Name / Street Address / City St Zip	☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip	PD HOFFMAN, BERNARD C 11247 ISLAND CLUB LN. JACKSONVILLE FL 32225-4067 ☐ Delete	Title / Name / Street Address / City St Zip	☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip	SD KAREN H. SIKARA 11247 ISLAND CLUB LN. JACKSONVILLE, FL 32225-4067 ☐ Delete	Title / Name / Street Address / City St Zip	☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip	☐ Delete	Title / Name / Street Address / City St Zip	☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip	☐ Delete	Title / Name / Street Address / City St Zip	☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip	☐ Delete	Title / Name / Street Address / City St Zip	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Bernard C Hoffman 4/3/07 904-641-8471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #