2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 553340

1. Entity Name
AERO FISHERIES, INC.

Principal Place of Business	Mailing Address
3223 EDWARDS ROAD	3223 EDWARDS ROAD
FT. PIERCE, FL 34981-5214	FT. PIERCE, FL 34981-5214

DO NOT WRITE IN THIS SPACE

01102008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1805459	Not Applicable

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

6. Name and Address of Current Registered Agent

WINSTEAD, LLOYD C. III
3223 EDWARDS ROAD
FT. PIERCE, FL 34981

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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 _____

Signature typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	WINSTEAD, LLOYD C. III
STREET ADDRESS	3223 EDWARDS ROAD
CITY-ST-ZIP	FT. PIERCE, FL

TITLE	VSD
NAME	WINSTEAD, DEBORAH A
STREET ADDRESS	3223 EDWARDS ROAD
CITY-ST-ZIP	FORT PIERCE, FL 34981

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/08-80011-005 150.00

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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: _Lloyd Winstead (President)_ 1-12-08 772-465-1021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #