

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 636507

FILED
Jan 05, 2009
Secretary of State

Entity Name: HILLIARD AVIATION, INC.

Current Principal Place of Business:

P.O. BOX 549
HILLIARD, FL 32046

New Principal Place of Business:

EASTWOOD RD.
HILLIARD, FL 32046

Current Mailing Address:

P.O. BOX 549
HILLIARD, FL 32046

New Mailing Address:

FEI Number: 59-1953257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SISSON, GENE P.
END OF WILLIE HODGES RD.
HILLIARD, FL 32046 US

Name and Address of New Registered Agent:

BENSON, JOSEPH
26929 WILLIE HODGES RD
HILLIARD, FL 32046 US

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: JOSEPH BENSON

01/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLAY, KEN
Address: 12736 SUNOWA SPRINGS TRAIL
City-St-Zip: BRYCEVILLE, FL 32009

Title: V () Delete
Name: LOCKER, TRACY
Address: 622 VIA DEL MAR
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SD () Delete
Name: PAULK, ROBERT A.,
Address: 3740 BESSENT RD.
City-St-Zip: JACKSONVILLE, FL

Title: TD () Delete
Name: BENSON, JOSEPH E
Address: WILLIE HODGES RD
City-St-Zip: HILLIARD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLAY, DAVID
Address: 11380 SUNOWA SPRINGS TRAIL
City-St-Zip: BRYCEVILLE, FL 32009

Title: V (X) Change () Addition
Name: MEYER, BILL
Address: 8385 IRELAND DR.
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD (X) Change () Addition
Name: PAULK, ROBERT
Address: 3742 BESSENT RD.
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD (X) Change () Addition
Name: BENSON, JOSEPH
Address: 26929 WILLIE HODGES RD
City-St-Zip: HILLIARD, FL 32046

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.

SIGNATURE: JOSEPH BENSON

TD

01/05/2009

Electronic Signature of Signing Officer or Director

Date