

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766026

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: FLORIDA LAKES AVIATION, INC.

## Current Principal Place of Business:

05005 MAGNOLIA RIDGE RD.  
FRUITLAND PARK, FL 34731

## New Principal Place of Business:

## Current Mailing Address:

05005 MAGNOLIA RIDGE RD  
FRUITLAND PARK, FL 34731 US

## New Mailing Address:

FEI Number: 59-2179258

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KERTZ, JACOB  
05005 MAGNOLIA RIDGE RD  
FRUITLAND PARK,, FL, FL 34731 US

## Name and Address of New Registered Agent:

KERTZ, JACOB D P  
05005 MAGNOLIA RIDGE RD  
FRUITLAND PARK,, FL 34731 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: JACOB D. KERTZ

01/08/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: KERTZ, JACOB D,  
Address: 05005 MAGNOLIA RIDGE  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: DST ( ) Delete  
Name: WHITT, JOHN F JR  
Address: 121 GRIFFIN VIEW DR  
City-St-Zip: LADY LAKE, FL 32159

Title: VD ( ) Delete  
Name: WHITT, JAMES M  
Address: 1218 HOWARD RD  
City-St-Zip: LEESBURG, FL 34748

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: KERTZ, JACOB D P  
Address: 05005 MAGNOLIA RIDGE  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACOB D. KERTZ

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date