

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # F03000000726

1. Entity Name

PROFESSIONAL AVIATION ASSOCIATES, INC.



Principal Place of Business

4694 AVIATION PARKWAY, SUITE K
ATLANTA, GA 30349

Mailing Address

1750 TYSONS BLVD., STE 1400
MC LEAN, VA 22102-4244



04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-1608013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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	PD
NAME	CHASTAIN, T.J.
STREET ADDRESS	8588 CANAL DRIVE
CITY-STATE-ZIP	JONESBORO, GA 30236
TITLE	VD
NAME	COX, JERRY E
STREET ADDRESS	905 OLD GREENVILLE ROAD
CITY-STATE-ZIP	FAYETTEVILLE, GA 30215
TITLE	V
NAME	MCDONALD, MICHAEL L
STREET ADDRESS	1750 TYSONS BLVD., STE 1400
CITY-STATE-ZIP	MC LEAN, VA 221024244
TITLE	V
NAME	MILLER, DONALD E
STREET ADDRESS	1750 TYSONS BLVD., STE 1400
CITY-STATE-ZIP	MC LEAN, VA 221024244
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000945959
05/30/08-80029-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08
Date

703-478-5800
Daytime Phone *