

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 03, 2007 8:00 am
Secretary of State

08-03-2007 90021 014 ***150.00

DOCUMENT # F06000004444

1. Entity Name
HQ AERO MANAGEMENT (FL) INC.



Principal Place of Business

RT. 4 BOX 241 1073 Willa Springs Dr.
GREENWOOD BUSINESS PARK
BRIDGEPORT, WV 26330 Suite 2001
Winter Springs, FL 32708

Mailing Address

RT. 4 BOX 241 Same as principal
GREENWOOD BUSINESS PARK place of
BRIDGEPORT, WV 26330 business

40128160



07112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5044466

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE CHRM
NAME HUGHES, RICHARD
STREET ADDRESS RT. 4 BOX 241, GREENWOOD BUSINESS PARK
CITY-ST-ZIP BRIDGEPORT, WV 26330

TITLE SD
NAME HUGHES, RICHARD
STREET ADDRESS RT. 4 BOX 241, GREENWOOD BUSINESS PARK
CITY-ST-ZIP BRIDGEPORT, WV 26330

TITLE PTD
NAME HUGHES, RONALD
STREET ADDRESS RT. 4 BOX 241, GREENWOOD BUSINESS PARK
CITY-ST-ZIP BRIDGEPORT, WV 26330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone *

Ronald Hughes
RONALD HUGHES

JULY 18TH 2007 905-849-7959