

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002262

Entity Name: OZARK AERO, INC.

FILED  
Apr 28, 2008  
Secretary of State

## Current Principal Place of Business:

7314 SUNFISH CIRCLE  
SPRING HILL, FL 34607

## New Principal Place of Business:

## Current Mailing Address:

PMB 210, 6252 COMMERCIAL WAY  
WEEKI WACHEE, FL 34613

## New Mailing Address:

FEI Number: 86-1166654

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WADE, TIMOTHY  
7314 SUNFISH CIRCLE  
SPRING HILL, FL 34607 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: WADE, TIMOTHY  
Address: 7314 SUNFISH CIRCLE  
City-St-Zip: SPRING HILL, FL 34607

Title: VS ( ) Delete  
Name: WADE, LAURIE  
Address: 7314 SUNFISH CIRCLE  
City-St-Zip: SPRING HILL, FL 34607

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: TIMOTHY W WADE

PT

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date