

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005397

FILED
Feb 02, 2009
Secretary of State

Entity Name: DELTA HOTEL AVIATION, INC.

Current Principal Place of Business:

600 N. MARQUETTE ROAD
PRAIRIE DU CHIEN, WI 53821

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 239
PRAIRIE DU CHIEN, WI 53821

New Mailing Address:

FEI Number: 26-0855150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEEKS, FRANKLIN
14 PARK AVENUE
VERO BEACH, FL 32960 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: D () Delete
Name: WEEKS, FRANKLIN
Address: 14 PARK AVENUE
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: WEEKS, MARY
Address: 14 PARK AVENUE
City-St-Zip: VERO BEACH, FL 32960

Title: P () Delete
Name: WEEKS, RANDOLPH
Address: 349 76 STATE HWY 27
City-St-Zip: PRAIRIE DU CHIEN, WI 53821

Title: S () Delete
Name: WEEKS, SHELLY
Address: 349 76 STATE HWY 27
City-St-Zip: PRAIRIE DU CHIEN, WI 53821

Title: T () Delete
Name: IRVINE, LORI
Address: 7028 HWY K
City-St-Zip: CHIPPEWA FALLS, WI 54729

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: RANDOLPH WEEKS

P

02/02/2009

Electronic Signature of Signing Officer or Director

Date