

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000004033

Entity Name: MORROW AVIATION INC.

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

300 CLYDE MORRIS BLVD SUITE C  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

300 CLYDE MORRIS BLVD SUITE C  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 27-1071346

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURNETT, RANDOM R  
1825 BUSINESS PARK BL. STE. A  
DAYTONA BEACH, FL 32114 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

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: MORROW, BERT  
Address: 300 CLYDE MORRIS BLVD SUITE C  
City-St-Zip: ORMOND BEACH, FL 32174

Title: S  
Name: BURNETT, RANDOM R  
Address: 1825 BUSINESS PARK BLVD SUITE A  
City-St-Zip: DAYTONA BEACH, FL 32114

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL MATTHIES

ADM

03/22/2011

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

\_\_\_\_\_  
Date