

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # F96000002212

1. Entity Name
SERVAL AVIATION, INC.



Principal Place of Business
**115 EDWARDS DR
ROCKLEDGE, FL 32955**

Mailing Address
**PO BOX 560222
ROCKLEDGE, FL 32956-0222**



03292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-5653186	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NYLEN, LINDA CATERINE
115 EDWARDS DR
ROCKLEDGE, FL 32956-0222**

**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, 2007 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	CATERINE, LORA B
STREET ADDRESS	135 TWIN RIVERS DR
CITY-ST-ZIP	MERRITT ISLAND, FL 32952

TITLE	P
NAME	NYLEN, LINDA CATERINE
STREET ADDRESS	809 KARA CIR
CITY-ST-ZIP	ROCKLEDGE, FL 32955

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/20/07-80100-007 150.00

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

PRESIDENT

3/27/07 321-636-5071

Date

Daytime Phone #