

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002212

Entity Name: SERVAL AVIATION, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

115 EDWARDS DR
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

PO BOX 560222
ROCKLEDGE, FL 329560222

New Mailing Address:

FEI Number: 13-5653186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NYLEN, LINDA CATERINE
115 EDWARDS DR
ROCKLEDGE, FL 329560222 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: C () Delete
Name: CATERINE, LORA B
Address: 135 TWIN RIVERS DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: P () Delete
Name: NYLEN, LINDA CATERINE
Address: 809 KARA CIR
City-St-Zip: ROCKLEDGE, FL 32955

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: LINDA CATERINE NYLEN

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date