

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000002212

Entity Name: SERVAL AVIATION, INC.

**FILED**  
**Apr 03, 2012**  
**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

**OFFICERS AND DIRECTORS:**

Title: C  
Name: CATERINE, LORA B  
Address: 135 TWIN RIVERS DR  
City-St-Zip: MERRITT ISLAND, FL 32952

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

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: LINDA NYLEN

PRES

04/03/2012

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

\_\_\_\_\_  
Date