2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # H49799

1. Entity Name

TAMPA AVIATION CLUB, INC.



FILED Feb 27, 2008 8:00 am Secretary of State

02-27-2008 90019 029 ***150.00

Pincipal Place of Business Mailting Address				(30 A	1127						
ATTE: WM. LER LUTZ FL; 33558-9048 LUTZ FL; 3358-9048	Principal Plac	e of Business	Mailing Address	Mailing Address							
2. Principal Place of Business - No P.C. Box. # 3. Mining Acctrace 1st MOORE CR2E034 (1007)	5403 WINHAWK WAY ATTN: WM. ILER		ATTN: WM. ILER								
City & State A. FEI Number 59-2535145 RAPPORT Country Country Country S. Certificate of Status Desired Fee Required Fee R	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address				### BIBIN INIII IN	110 10440 1EN DIDI) GIG	ra msmir mimit msmis min	 	
Specificate of Status Desired Set Approaches Specificate of Status Desired Set Approaches Set Appr	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1st MOORE CR2E034 (10/07)					
See Required Agent File Registered Agent File Re	City & Stat	e	City & State			4. FEI Number 59-2535145					
KELLY, MARK P ESO 4600 WEST CYPRESS STREET SUITE 500 TAMPA FL 33607 City City FL City	Zip -	. Country Zip Coun				5 Certificate of Status Desired \$8.75 Additional					
KELLY, MARK P ESO 4000 WEST CYPRESS STREET SUITE 500 TAMPA FL 33607 City FL Zip Code See The above named ensity submits this statement for the purpose of changing its registered agent, or coin, in the State of Florida. I am familiar with, and accept the objections of registered agent, or coin, in the State of Florida. I am familiar with, and accept the objection of registered agent, or coin, in the State of Florida. I am familiar with, and accept the objection of registered agent, or coin, in the State of Florida. I am familiar with, and accept the objection of registered agent, or coin, in the State of Florida. I am familiar with, and accept the objection of registered agent, or coin, in the State of Florida. I am familiar with, and accept the objection of registered agent, or coin, in the State of Florida. I am familiar with, and accept the florida paper intent of State in the coin of the coin o	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
4600 WEST CYPRESS STREET SUITE 500 TAMPA FL 33607 City FL Zip Code City FL Zip C					Name						
TAMPA FL 33607 City FL Zp Code The above named entity submits this statement for the purpose of changing its registered agent, or coin, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 FEE May 1, 2008 Fee Will Be \$550.00 After May 1, 2008 Fee Will Be \$550.00 Added to Fees Raise Chert Rays and Directors To. OFFICERS AND DIRECTORS To. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 If ADDITIONS/CHANGES TO OFFICERS AND D	460	O WEST CYPRESS STREET		Street A	reet Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered agent, or coin, in the State of Riorda. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATUR						, _ ** 4, 4					
SIGNATURE SIGNATURE STITUTE ST				City				F	L Zip Cod	e	
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indicated on this report or supplemental report is to e 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 until an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Dayone Phone #