

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-27-2008 90019 029 ***150.00

DOCUMENT # H49799

1. Entity Name

TAMPA AVIATION CLUB, INC.



Principal Place of Business

5403 WINHAWK WAY
ATTN: WM. ILER
LUTZ FL 33558-8048

Mailing Address

5403 WINHAWK WAY
ATTN: WM. ILER
LUTZ FL 33558-8048



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2535145**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLY, MARK P ESQ
4600 WEST CYPRESS STREET
SUITE 500
TAMPA FL 33607

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ILER, WILLIAM B
STREET ADDRESS ~~5403 WINHAWK WAY~~
CITY-ST-ZIP ~~LUTZ FL 33558-8048~~

TITLE ☐ Change ☐ Addition
NAME **13102 N FLORIDA AVE**
STREET ADDRESS **TAMPA**
CITY-ST-ZIP **FL 33612**

TITLE VPD ☐ Delete
NAME GALLIZZI, PAUL
STREET ADDRESS 12407 N FLORIDA AVENUE
CITY-ST-ZIP TAMPA FL 33612

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME KELLY, MARK P
STREET ADDRESS 4600 W CYPRESS ST, STE 500
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME COLLIER, GEORGE
STREET ADDRESS 2417 ARBORWOOD DRIVE
CITY-ST-ZIP VALRICO FL 33594

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME THOMETZ, BRIAN DOUGLAS
STREET ADDRESS 10913 CAROLLWOOD DR
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #