

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J81428

FILED
Apr 19, 2006
Secretary of State

Entity Name: TEPPER AVIATION, INC.

Current Principal Place of Business:

5486 FAIRCHILID ROAD
CRESTVIEW, FL 32539 US

New Principal Place of Business:

5486 FAIRCHILID ROAD
HANGAR #7
CRESTVIEW, FL 32539 US

Current Mailing Address:

P.O. BOX 100
CRESTVIEW, FL 32536 US

New Mailing Address:

FEI Number: 59-2821261 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHESSER, MICHAEL D
1201 N EGLIN PARKWAY
SHALIMAR, FL 32579 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: P () Delete
Name: HILL, JAYNA L
Address: 606 REGATTA DR.
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: SHANKLIN, CHARLES R
Address: 1763 OSPREY COVE
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: OWEN, JACK
Address: 9TH STREET
City-St-Zip: DEFUNIAK SPRINGS, FL

Title: VP () Delete
Name: OWENS, BOBBY L
Address: 1047 TALLOKAS
City-St-Zip: CRESTVIEW, FL 32536

Title: ST () Delete
Name: PETTY, GRACIE T
Address: 1020 ALDERWOOD WAY
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OWENS, BOBBY L
Address: 1047 TALLOKAS RD
City-St-Zip: CRESTVIEW, FL 32536

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HERNANDEZ, JOSE L
Address: 7277 GREENFIELD RD
City-St-Zip: MONTGOMERY, AL 36117

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BOBBY L. OWENS

P

04/19/2006

Electronic Signature of Signing Officer or Director

Date