2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J81428

Title:

Name:

Address:

City-St-Zip:

FILED Apr 29, 2009 Secretary of State

Entite / Non	. TEDDED A	VIATIONI INC		_		
Entity Nam	ie: TEPPER A	VIATION, INC.				
Current Principal Place of Business:			New Principa	New Principal Place of Business:		
HANGAR#	CHILID ROAD 7 W, FL 32539	US				
Current Mailing Address:			New Mailing A	New Mailing Address:		
P.O. BOX 1 CRESTVIE	00 W, FL 32536	US				
FEI Number:	59-2821261	FEI Number Applied For ()	FEI Number Not Applicab	le () Certificate of Status	Desired ()	
Name and Address of Current Registered Agent:		Name and Ad	Name and Address of New Registered Agent:			
CHESSER, MICHAEL D 1201 N EGLIN PARKWAY SHALIMAR, FL 32579 US			1817 LÉWIS T SUITE E	COPUS, JENNIFER H 1817 LEWIS TURNER BLVD SUITE E FORT WALTON BEACH, FL 32549 US		
The above in the State	named entity su of Florida.	bmits this statement for the purp	oose of changing its re	egistered office or registered a	agent, or both,	
SIGNATUR	E: JENNIFER	H COPUS		04/29/2009		
SIGNATUR		H COPUS Signature of Registered Agent		04/29/2009 Date		
	Electronic					
Election Cam	Electronic	Signature of Registered Agent Frust Fund Contribution ().	ADDITIONS/C		ND DIRECTORS:	
Election Cam	Electronic paign Financing	Signature of Registered Agent Frust Fund Contribution (). ORS: Delete L RD	ADDITIONS/C Title: Name: Address: City-St-Zip:	Date	ND DIRECTORS:	
Election Cam OFFICERS Title: Name: Address:	Electronic paign Financing AND DIRECT P () E OWENS, BOBBY 1047 TALLOKAS CRESTVIEW, FL	e Signature of Registered Agent Frust Fund Contribution (). ORS: Delete L RD 32536 Delete RLES R OVE	Title: Name: Address:	Date HANGES TO OFFICERS AN	ND DIRECTORS:	
Election Cam OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic paign Financing AND DIRECTO P () E OWENS, BOBBY 1047 TALLOKAS CRESTVIEW, FL D () E SHANKLIN, CHAF 1763 OSPREY C NICEVILLE, FL 3	Signature of Registered Agent Frust Fund Contribution (). ORS: Delete L RD 32536 Delete RLES R OVE 12578	Title: Name: Address: City-St-Zip: Title: Name: Address:	Date HANGES TO OFFICERS AN () Change () Addition	ND DIRECTORS:	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GRACIET PETTY ST 04/29/2009

() Delete

PETTY, GRACIE T

1020 ALDERWOOD WAY

NICEVILLE, FL 32578

() Change () Addition