

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J97256

FILED
Jan 09, 2008
Secretary of State

Entity Name: GLADEVIEW AERIAL SERVICE, INC.

Current Principal Place of Business:

205 S.W. 1ST STREET
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 730
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 65-0011033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NOWICKI, MARK J
480 MAPLEWOOD DRIVE
SUITE 2
JUPITER, FL 33458 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: V () Delete
Name: KNIGHT, S.N. JR.
Address: 205 SW 1ST ST/POD 730
City-St-Zip: BELLE GLADE, FL

Title: T () Delete
Name: HODGE, SHERYL K
Address: 205 SW 1ST ST/POD 730
City-St-Zip: BELLE GLADE, FL

Title: S () Delete
Name: KNIGHT, STEPHEN A
Address: 205 SW 1ST ST/POD 730
City-St-Zip: BELLE GLADE, FL

Title: P () Delete
Name: WILLIAMS, STEVEN L
Address: 205 SW 1ST ST/POD 730
City-St-Zip: BELLE GLADE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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.

SIGNATURE: STEVEN L. WILLIAMS

P

01/09/2008

Electronic Signature of Signing Officer or Director

_____ Date