

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J97256

FILED  
Mar 19, 2012  
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:**

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

**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

**OFFICERS AND DIRECTORS:**

Title: V  
Name: KNIGHT, SAMUEL N JR  
Address: 205 SW 1ST ST  
City-St-Zip: BELLE GLADE, FL

Title: T  
Name: HODGE, SHERYL K  
Address: 205 SW 1ST ST  
City-St-Zip: BELLE GLADE, FL

Title: S  
Name: KNIGHT, STEPHEN A  
Address: 205 SW 1ST ST  
City-St-Zip: BELLE GLADE, FL

Title: P  
Name: WILLIAMS, STEVEN L  
Address: 205 SW 1ST ST  
City-St-Zip: BELLE GLADE, FL

I hereby 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 all other like empowered.

SIGNATURE: STEVEN L WILLIAMS

P

03/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date