

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K23473

FILED  
Mar 09, 2007  
Secretary of State

Entity Name: CAVALIER AVIATION, INC.

**Current Principal Place of Business:**

108 HERITAGE CIRCLE  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

108 HERITAGE CIRCLE  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 59-2904364      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PERKINS, TERENCE R  
444 SEABREEZ BLVD., SUITE 900  
DAYTONA BEACH, FL 32118      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: PD      ( ) Delete  
Name: PERKINS, TERENCE R  
Address: 108 HERITAGE CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD      ( ) Delete  
Name: WAIKINS, JERRY L  
Address: 1130 BEVILLE ROAD  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD      ( ) Delete  
Name: STOUT, LARRY  
Address: 444 SEABREEZE BLVD., STE. 900  
City-St-Zip: DAYTONA BEACH, FL 32118

**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:

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: TERENCE R. PERKINS

PRES

03/09/2007

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

\_\_\_\_\_ Date