2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K23473

1. Entity Name
CAVALIER AVIATION, INC.

Principal Place of Business	Mailing Address
108 HERITAGE CIRCLE	108 HERITAGE CIRCLE
ORMOND BEACH, FL 32174	ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE

02252008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2904364	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PERKINS, TERENCE R
444 SEABREEZ BLVD., SUITE 900
DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE
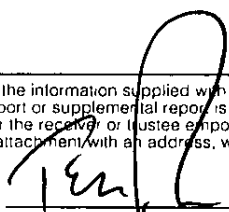
FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PERKINS, TERENCE R
STREET ADDRESS	108 HERITAGE CIRCLE
CITY-ST-ZIP	ORMOND BEACH, FL 32174

TITLE	SD
NAME	WAIKINS, JERRY L
STREET ADDRESS	1130 BEVILLE ROAD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114

TITLE	TD
NAME	STOUT, LARRY
STREET ADDRESS	444 SEABREEZE BLVD., STE. 900
CITY-ST-ZIP	DAYTONA BEACH, FL 32118

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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03/19/08-80029-024 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Terence R. Perkins Pres. 2/27/2008 (386)254-6875_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #