

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90229 045 ***150.00

DOCUMENT # K27853 1. Entity Name GULFSTREAM AVIATION INC.																											
Principal Place of Business 7421 S AIRPORT RD N PERRY AIRPORT PEMBROKE PINES, FL 33023 US		Mailing Address 6415 SW 7ST PEMBROKE PINES, FL 33023 US																									
2. Principal Place of Business - No P.O. Box # 6 FIR TRAIL LN Suite, Apt. #, etc.		3. Mailing Address 6 FIR TRAIL LN Suite, Apt. #, etc.																									
City & State OCALA, FL Zip 34472		City & State OCALA, FL Zip 34472																									
Country MARION		Country MARION																									
4. FEI Number 65-0073322		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SZATMARY, M S JR 6415 SW 7ST PEMBROKE PINES, FL 33023		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 6 FIR TRAIL LN City OCALA FL Zip Code 34472																									
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 M.S. SZATMARY JR 04-25-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SZATMARY, M.S., JR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6415 SW 7 ST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PEMBROKE PINES, FL 33023</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	SZATMARY, M.S., JR.		STREET ADDRESS	6415 SW 7 ST		CITY - ST - ZIP	PEMBROKE PINES, FL 33023		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>M. S. Szatmary Jr</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6 Fir Trail Lane</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Ocala, FL 34472</td> <td></td> </tr> </table>		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	M. S. Szatmary Jr		STREET ADDRESS	6 Fir Trail Lane		CITY - ST - ZIP	Ocala, FL 34472	
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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: M.S. SZATMARY JR <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04-25-07 352-680-0700 <small>Date Daytime Phone #</small>																									