


2007 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # K65398 1. Entity Name STAVOLA AVIATION, INC.	
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Principal Place of Business 151 NE 95TH STREET P O BOX 1209 ANTHONY, FL 32617	Mailing Address 151 NE 95TH STREET P O BOX 1209 ANTHONY, FL 32617
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02212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-2967925	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOUGHTON, WILLIAM W.
151 NE 95TH STREET
ANTHONY, FL 32617

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STAVOLA, WILLIAM H. 840 NAVESINK RIVER RD LOCUST, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROWLEY, MICHAEL J PO BOX 419 KINGSTON, NJ 08528
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CONWAY, GEORGE PO BOX 419 KINGSTON, NJ 08528
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03/26/07-80016-025 150.00

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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: William H. Stavola William H. Stavola 3/5/07 352-629-9715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #