


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # K65398
 1. Entity Name
 STAVOLA AVIATION, INC.



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
--	--

DO NOT WRITE IN THIS SPACE



02122008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-2967925	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired **\$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, 2008 Fee will be \$550.00

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

03/27/08-80036-007 150.00

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: William H. Stavola 3/7/08 352-629-9715
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WILLIAM H. STAVOLA