2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# L25417

Entity Name: GK AVIATION, INC.

Current Principal Place of Business:

% GUY S. HAGGARD
301 EAST PINE ST SUITE 1400
ORLANDO, FL 32802

New Principal Place of Business:

GUY S. HAGGARD
301 EAST PINE ST SUITE 1400
ORLANDO, FL 32802

Current Mailing Address:

% GUY S. HAGGARD
301 EAST PINE ST SUITE 1400
ORLANDO, FL 32802

New Mailing Address:

GUY S. HAGGARD
301 EAST PINE ST SUITE 1400
ORLANDO, FL 32802

FEI Number: 59-2976025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAGGARD, GUY S.
301 EAST PINE ST
SUITE 1400
ORLANDO, FL 32802 US

Name and Address of New Registered Agent:

HAGGARD, GUY S
301 EAST PINE ST
SUITE 1400
ORLANDO, FL 32802 US

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: GUY S. HAGGARD 03/24/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HAGGARD, GUY S
Address: 301 EAST PINE ST SUITE 1400
City-St-Zip: ORLANDO, FL 32802

Title: VPD ( ) Delete
Name: KEINER, JEFF
Address: 301 EAST PINE ST
City-St-Zip: ORLANDO, FL 32801

Title: VPD (X) Delete
Name: LEONHARDT, FRED
Address: 301 EAST PINE ST. SUITE 1400
City-St-Zip: ORLANDO, FL 32801

Title: VPD ( ) Delete
Name: WILLIAMS, LEN
Address: 2900 WEST FIRST STREET
City-St-Zip: SANFORD, FL 32771

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GUY S. HAGGARD P 03/24/2009
Electronic Signature of Signing Officer or Director Date