

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L72439

1. Entity Name
ROTOR FLIGHT DYNAMICS, INC.



Principal Place of Business
**19242 GRANGE HALL LOOP
WIMAUMA, FL 33598 US**

Mailing Address
**PO BOX 193
WIMAUMA, FL 33598 US**



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3110339

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOYETTE, ERNEST
19242 GRANDE HALL LOOP
WIMAUMA, FL 33598**

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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

000000858134
04/01/08-80034-002 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
BOYETTE, ERNEST
19242 GRANGE HALL LOOP
WIMAUMA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BOYETTE, ERNEST
14811 STATE ROAD 674
WIMAUMA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BOYETTE, ERNEST
19242 GRANDE HALL LOOP
WIMAUMA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/08

Date

813-634-3370

Daytime Phone #