

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N05000008005**

1. Entity Name  
**MISSION PADAMO AVIATION AND SUPPORT, INC.**



Principal Place of Business  
**8421 BAYMEADOWS WAY SUITE 3  
JACKSONVILLE, FL 32256**

Mailing Address  
**P.O. BOX 23881  
JACKSONVILLE, FL 32241**



01252008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4725940**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CUMMINGS, JACK  
8421 BAYMEADOWS WAY SUITE 3  
JACKSONVILLE, FL 32256**

**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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**4/8/08**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CUMMINGS, JACK
STREET ADDRESS	8421 BAYMEADOWS WAY SUITE 3
CITY - ST - ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	DAWSON, JERALD
STREET ADDRESS	101 TIMBER TR
CITY - ST - ZIP	ISLAND LAKE, IL 60084
TITLE	D
NAME	DAWSON, JOSEPH
STREET ADDRESS	34924 HELEN COURT
CITY - ST - ZIP	INGLESIDE, IL 60041
TITLE	D
NAME	DAWSON, MICHAEL
STREET ADDRESS	715 STOCKTON ROAD
CITY - ST - ZIP	FRONT ROYAL, VA 22630
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000897986  
04/25/08-80070-004 61.25

**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 119, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JACK K. CUMMINGS**  
**JACK K. Cummings** **4/8/08**