

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004480

FILED
Apr 11, 2009
Secretary of State

Entity Name: YE MYSTIC AIRKREWE, INC.

Current Principal Place of Business:

3221 W DELEON ST
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

3221 W DELEON ST
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAIL, BEVERLY O
3221 W DELEON ST
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAMPLE, GRAY
Address: 3603 LIGHTNER DR
City-St-Zip: TAMPA, FL 33629

Title: S () Delete
Name: HERMAN, CHRIS
Address: 28733 MIDNIGHT START LOOP
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VP () Delete
Name: URA, BRADD
Address: 1428 W TERMINO ST
City-St-Zip: TAMPA, FL 33612

Title: T () Delete
Name: OLIVA-VAIL, BEVERLY O
Address: 3221 W DELEON ST
City-St-Zip: TAMPA, FL 33609

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY OLIVA-VAIL

T

04/11/2009

Electronic Signature of Signing Officer or Director

Date