2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N95000006044

Entity Name: CRAIG FIELD EXECUTIVE HANGARS, INC.

Current Principal Place of Business:

855-7 ST JOHNS BLUFF RD N
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2947
JACKSONVILLE, FL 32203 US

New Mailing Address:

FEI Number: 59-3381042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCARTHY, EDWARD III
1301 RIVERPLACE BLVD
JACKSONVILLE, FL 32207 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:	DV	( ) Delete
Name:	HAYES, BILL	
Address:	11635 HIDDEN HILLS DR S	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	DP	( ) Delete
Name:	DUDLEY, A T	
Address:	1010 EAST ADAMS STREET	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	DS	( ) Delete
Name:	DARNALL, JEFFERY D	
Address:	7319 RAMOTH DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32226	
Title:	DV	( ) Delete
Name:	WEANER, JOEL	
Address:	11904 WALLE DR.	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	DV	( ) Delete
Name:	CLYNE, PATRICK	
Address:	1210 OCEAN FRONT	
City-St-Zip:	NEPTUNE BEACH, FL 32266	
Title:	DT	( ) Delete
Name:	BLOUNT, RICHARD W	
Address:	2304 SHIPWRECK CIRCLE W	
City-St-Zip:	JACKSONVILLE, FL 32224	

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:	
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: A. THOMAS DUDLEY DP 02/03/2009

Electronic Signature of Signing Officer or Director — Date