

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000056581

Entity Name: DAVID AVIATION, INC.

FILED  
Apr 18, 2005  
Secretary of State

**Current Principal Place of Business:**

107 INDUSTRIAL BLVD.  
PENSACOLA, FL 32505 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 36100  
PENSACOLA, FL 32516

**New Mailing Address:**

107 INDUSTRIAL BLVD.  
PENSACOLA, FL 32505

FEI Number: 59-3650317

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALLS, R. CHRISTOPHER  
P.O. BOX 36100  
PENSACOLA, FL 32516 US

**Name and Address of New Registered Agent:**

WALLS, R. CHRISTOPHER  
P.O. BOX 10640  
PENSACOLA, FL 32504 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: R. CHRISTOPHER WALLS

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WALLS, ROBERT C  
Address: 6049 SPANISH OAK DRIVE  
City-St-Zip: PENSACOLA, FL 32526

Title: VP ( ) Delete  
Name: WALLS, R C  
Address: 6049 SPANISH OAK DRIVE  
City-St-Zip: PENSACOLA, FL 32526

Title: ST ( ) Delete  
Name: WALLS, MARY A  
Address: 6049 SPANISH OAK DRIVE  
City-St-Zip: PENSACOLA, FL 32526

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: WALLS, R C  
Address: P.O. BOX 10640  
City-St-Zip: PENSACOLA, FL 32504

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: R. CHRISTOPHER WALLS

VP

04/18/2005

Electronic Signature of Signing Officer or Director

Date