

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000056581

FILED
Jan 03, 2008
Secretary of State

Entity Name: DAVID AVIATION, INC.

Current Principal Place of Business:

107 INDUSTRIAL BLVD.
PENSACOLA, FL 32505 US

New Principal Place of Business:

Current Mailing Address:

107 INDUSTRIAL BLVD.
PENSACOLA, FL 32505

New Mailing Address:

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
6137 WALNUT ST.
PENSACOLA, FL 32503 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: VP () Delete
Name: WALLS, R C
Address: 6137 WALNUT ST
City-St-Zip: PENSACOLA, FL 32503

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

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

Title: VP () Delete
Name: WALLS, STEPHANIE
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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WALLS, MARIANNE A
Address: 6049 SPANISH OAK DRIVE
City-St-Zip: PENSACOLA, FL 32526

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 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

01/03/2008

Electronic Signature of Signing Officer or Director

_____ Date