2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000083391

1. Entity Name
PROAV AVIATION MANAGEMENT, INC.

Principal Place of Business	Mailing Address
240 SE 17TH ST OCALA, FL 34478	PO BOX 771973 OCALA, FL 34477

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90018 024 ***150.00

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03242008   No Chg-P   CR2E034 (11/05)

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4. FEI Number	Applied For
59-3666556	Not Applicable

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

6. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing _____ **$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GIBB, DEAN
STREET ADDRESS	5186 SE 44TH CIR
CITY-ST-ZIP	OCALA, FL 34480
TITLE	T
NAME	GIBB, SHANNON
STREET ADDRESS	5186 SE 44TH CIR
CITY-ST-ZIP	OCALA, FL 34480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: _____   3-24-08   352-895-4188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #