

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000039671

FILED  
Feb 27, 2009  
Secretary of State

Entity Name: TWA PILOTS, INC.

## Current Principal Place of Business:

5633 SWAMP FOX ROAD  
JACKSONVILLE, FL 32210 US

## New Principal Place of Business:

417 CASSAT AVENUE  
JACKSONVILLE, FL 32254 US

## Current Mailing Address:

P.O. BOX 60003  
JACKSONVILLE, FL 32236 US

## New Mailing Address:

417 CASSAT AVENUE  
JACKSONVILLE, FL 32254 US

FEI Number: 59-3719455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SVENDSEN, PATSY B  
417 CASSAT AVENUE  
JACKSONVILLE, FL 32254 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: PDC ( ) Delete  
Name: DARNALL, JEFFREY  
Address: 7319 RAMOTH DRIVE  
City-St-Zip: JACKSONVILLE, FL 32226

Title: T ( ) Delete  
Name: SVENDSEN, PATSY B  
Address: 5633 SWAMP FOX ROAD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: S ( ) Delete  
Name: SVENDSEN, EVERETT G  
Address: 5633 SWAMP FOX ROAD  
City-St-Zip: JACKSONVILLE, FL 32210

## 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:

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: JEFF DARNALL

PDC

02/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date