2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 07, 2008 8:00 am **Secretary of State** DOCUMENT # P01000043978 01-07-2008 90041 027 ***150.00 1. Entity Name FOUR STAR FLIGHT TRAINING, INC. Mailing Address Principal Place of Business -137 BIRCHWOOD DR. P.O. BOX 354705 PALM-COAST, FL 32T37 PALM COAST, FL 32135 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 17 Willow Trace Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 CR2E034 (12/06) Chg-P City & State FLAGIEL BEACH Applied For City & State 4. FEI Number 59-3719056 Not Applicable Zin Country \$8.75 Additional 5. Certificate of Status Desired U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACKSON, WAYNE S Street Address (P.O. Box Number is Not Acceptable) 137 BIRCHWOOD DR. PALM COAST, FL 32137 WILLOW TRACE DR. CityFLAGLER Beach 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 NAMPE S. JACKSON SIGNATURE fered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. <u>aa</u> TITLE TY Change ☐ Addition TITLE Delete JACKSON, WAYNE S NAME NAME STREET ADDRESS -137 BIRCHWOOD DR. STREET ADDRESS 17 WILLOW TRACE DE CITY-ST-ZIP PALM COAST, FL 32137 CITY-ST-ZIP BEACH FLAGLER 32136 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TILE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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FILED

WAINE S. JACKSON 12/31/07 386-446-2557