

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121937

Entity Name: JERLEE AVIATION, INC.

FILED  
Jan 13, 2010  
Secretary of State

**Current Principal Place of Business:**

559 BROKEN ARROW TRAIL  
HAYESVILLE, NC 289049277 US

**New Principal Place of Business:**

559 BROKEN ARROW TRAIL  
HAYESVILLE, NC 28904 US

**Current Mailing Address:**

559 BROKEN ARROW TRAIL  
HAYESVILLE, NC 289049277 US

**New Mailing Address:**

559 BROKEN ARROW TRAIL  
HAYESVILLE, NC 28904 US

FEI Number: 26-0030849

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DIXON, PAMELA M  
110 EAST ATLANTIC AVENUE  
DELRAY BEACH, FL 33445 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: PTSD  
Name: TURNER, LISA P DR.  
Address: 559 BROKEN ARROW TRAIL  
City-St-Zip: HAYESVILLE, NC 28904 US

I hereby 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 all other like empowered.

SIGNATURE: LISA P TURNER

PTSD

01/13/2010

Electronic Signature of Signing Officer or Director

Date