

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000121937

Entity Name: JERLEE AVIATION, INC.

**FILED**  
**Mar 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

559 BROKEN ARROW TRAIL  
HAYESVILLE, NC 28904 US

**New Principal Place of Business:**

**Current Mailing Address:**

559 BROKEN ARROW TRAIL  
HAYESVILLE, NC 28904 US

**New Mailing Address:**

559 BROKEN ARROW TRAIL  
HAYESVILLE, NC 28904-927 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:**

DIXON, PAMELA M  
500 GULFSTREAM BOULEVARD  
DELRAY BEACH, FL 33483 US

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: PAMELA M DIXON

03/20/2011

Electronic Signature of Registered Agent

Date

**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

03/20/2011

Electronic Signature of Signing Officer or Director

Date