


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 DEC -3 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P-020000004488*
 1. Entity Name
 Hi-Flex Aviation Inc. (Amended)



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 3719 Walthall Rd

3. Mailing Address
 3719 Walthall Rd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Crestview, FL

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 Crestview, FL

4. FEI Number 30-0027933 Applied For
 Not Applicable

Zip 32539 Country USA Zip 32539 Country USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name David Walthall

Street Address (P.O. Box Number is Not Acceptable)

3719 Walthall Rd

City Crestview, FL 32539 FL Zip Code 32539

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 *David Walthall* David Walthall 26Nov2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP David Walthall 3719 Walthall Rd Crestview, FL 32539	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100025170261 12/03/03--01005--001 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Walthall 6716 Tim Tam Trail Tallahassee, FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chuck Walthall 200 Swift Creek Dr. Cantonment, FL 32533	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *David Walthall* David Walthall 26 Nov 2003 (850) 682-9169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #