

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90129 049 ***150.00

DOCUMENT # P02000011354					
1. Entity Name MCC AVIATION, INC.					
Principal Place of Business 901 LAKE DESTINY DRIVE STE 370 MAITLAND, FL 32751			Mailing Address 901 LAKE DESTINY DRIVE STE 370 MAITLAND, FL 32751		
2. Principal Place of Business - No P.O. Box # 903 OUTER ROAD		3. Mailing Address 903 OUTER ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 01-0586866	
Zip 32814		Country US		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCORKLE, ANDREW L 901 LAKE DESTINY DRIVE STE 370 MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name: MCCORKLE, ANDREW L. Street Address (P.O. Box Number is Not Acceptable): 903 OUTER ROAD City: ORLANDO FL Zip Code: 32814		
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: DATE: 4/22/08					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing: <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: PD NAME: MCCORKLE, ANDREW L STREET ADDRESS: 901 LAKE DESTINY DR STE 370 CITY-ST-ZIP: MAITLAND, FL 32751	<input type="checkbox"/> Delete		TITLE: PD NAME: MCCORKLE, ANDREW L. STREET ADDRESS: 903 OUTER ROAD CITY-ST-ZIP: ORLANDO, FL 32814	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE:			Date: 4/22/08 Daytime Phone #: 407-373-7800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					