

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000016800

FILED  
Jan 13, 2008  
Secretary of State

Entity Name: DEAN'S FLIGHT, INC.

**Current Principal Place of Business:**

10950 LUSCOMBE CT  
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

**Current Mailing Address:**

10950 LUSCOMBE CT  
NEW PORT RICHEY, FL 34654

**New Mailing Address:**

N16565 VINGER LANE  
PEMBINE, WI 54156

FEI Number: 45-0466143      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HENSEL, JAMES D  
10950 LUSCOMBE  
NEW PORT RICHEY, FL 34654      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: PD      ( ) Delete  
Name: HENSEL, JAMES D  
Address: 10950 LUSCOMBE CT  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: SD      ( ) Delete  
Name: HENSEL, ELIZABETH A  
Address: 10950 LUSCOMBE CT  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D      ( ) Delete  
Name: HENSEL, J. DEAN  
Address: 10950 LUSCOMBE CT  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      ( ) Change (X) Addition  
Name: MATHIS, MICHELLE E HENSEL  
Address: N16564 VINGER LANE  
City-St-Zip: PEMBINE, WI 54156

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH A HENSEL

SD

01/13/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date