


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90124 014 ***150.00

DOCUMENT # P02000131652	
1. Entity Name AERIAL REPAIR, INC.	

Principal Place of Business 7945 TERRACE RD. LANTANA, FL 33462	Mailing Address 313 N. SWINTON AVE DELRAY BCH, FL 33444
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 7945 Terrace Rd. Suite, Apt. #, etc.
City & State	City & State Lantana FL
Zip 33462	Country Palm Beach



04282008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent SCOTHORN, CYNTHIA 313 N SWINTON AVE DELRAY BEACH, FL 33444	
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4. FEI Number 57-1140725	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 7945 Terrace Rd.	
City Lantana	FL 33462

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST SCOTHORN, CYNTHIA 7945 TERRACE RD. LANTANA, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Cynthia Scothorn Cynthia Scothorn 4/27/08 561-547-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #