## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jan 29, 2007 08:00 AM Secretary of State DOCUMENT # P03000038560 . 1. Entity Name PULLEN AIR CORP. Principal Place of Business Mailing Address 105 S. CORONA ST. 105 S. CORONA ST CLEWISTON, FL 3344 CLEWISTON, FL 33440 USLEWISTON, FL 33440 CLEWISTON, FL 33440 US 01262007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3071272 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JON W PULLEN DO NOT WRITE 410 S SAN GABRIEL ST CLEWISTON, FL 33440 IN THIS SPACE 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 algositure required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME PULLEN JON W 410 S. SAN GABRIEL ST. STREET ADDRESS CITY-ST-ZIP CLEWISTON, FL 33440 **VPTS** TITLE PULLEN, JACKIE NAME STREET ADDRESS 410 S. SAN GABRIEL ST. 000000610422 02/02/07-80021-011 158.75 CITY-ST-7IP CLEWISTON, FL 33440 ITTLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 trystee 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 anyaddress/with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

1-26-07

Daytime Phone #