

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038560

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** PULLEN AIR CORP.

**Current Principal Place of Business:**

105 S. CORONA ST.  
CLEWISTON, FL 33440 US

**New Principal Place of Business:**

**Current Mailing Address:**

105 S. CORONA ST  
CLEWISTON, FL 33440 US

**New Mailing Address:**

105 S. CORONA ST.  
CLEWISTON, FL 33440 US

**FEI Number:** 20-3071272

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JON W PULLEN  
410 S SAN GABRIEL ST  
CLEWISTON, FL 33440 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: P  
Name: PULLEN, JON W  
Address: 410 S. SAN GABRIEL ST.  
City-St-Zip: CLEWISTON, FL 33440 US

Title: VPTS  
Name: PULLEN, JACKIE  
Address: 410 S. SAN GABRIEL ST.  
City-St-Zip: CLEWISTON, FL 33440 US

I hereby 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 all other like empowered.

SIGNATURE: JON WAYNE PULLEN

P

03/30/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date