

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000017986

1. Entity Name  
GROUND CONTROL MAINTENANCE OF VERO BEACH,  
INC.



**FILED  
May 05, 2008 8:00 am  
Secretary of State**

05-05-2008 90255 036 \*\*\*150.00

40097339



02212008 Chg-P CR2E034 (12/06)

4. FEI Number 42-1614560	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b> Zip Code	

7. Name and Address of New Registered Agent

TURNAGE, DUSTIN R  
10026 18TH PLACE  
VERO BEACH, FL 32966

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 restating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURNAGE, DUSTIN R 10026 18TH PLACE VERO BEACH, FL 32966	<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	VP TURNAGE, DUSTIN R 10026 18TH PLACE VERO BEACH, FL 32966	<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: *Dustin Turnage*

4-29-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #