

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90135 034 ***150.00

DOCUMENT # P04000061677

1. Entity Name
SOONER AVIATION, INC.



40050711



03282007 Chg-P CR2E034 (12/06)

4. FEI Number
20-1020537

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

2. Principal Place of Business - No P.O. Box #
2454 Baesel View Dr.

3. Mailing Address
2454 Baesel View Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, Florida

City & State
Orlando, Florida

Zip

Country

Zip

Country

32835

Orange

32835

Orange

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONG, C.R.(BUDDY)
11050 CONISTON WAY
WINDERMERE, FL 34786

Name

Street Address (P.O. Box Number is Not Acceptable)
2454 Baesel View Drive

City

Orlando

FL

Zip Code
32835

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]

Signature, typed or printed name of registered agent, and user if applicable.

(NOTE: Registered Agent signature required when reinstating)

[Signature]
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
PSVT
LONG, C.R. (BUDDY)
11050 CONISTON WAY
WINDERMERE, FL 34786

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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LONG, C.R. (BUDDY)
11050 CONISTON WAY
WINDERMERE, FL 34786

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☐ Change ☐ 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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
DATE

[Signature]
Daytime Phone #