

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000061677

1. Entity Name
SOONER AVIATION, INC.



**FILED
Apr 04, 2008 8:00 am
Secretary of State**

04-04-2008 90016 041 ***150.00

Principal Place of Business
2454 BAESEL VIEW DR
ORLANDO, FL 32835

Mailing Address
2454 BAESEL VIEW DR
ORLANDO, FL 32835

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country

Zip Country

03072008 Chg-P CR2E034 (12/06)

4. FEI Number
20-1020537

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONG, C.R.(BUDDY)
2454 BAESEL VIEW DR
ORLANDO, FL 32835

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

2454 BAESEL VIEW DR.
ORLANDO, FL 32835

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

2454 BAESEL VIEW DR.
ORLANDO, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-31-2008 321-251-4462
Date
DOL/SPS/PR/MS