


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90047 049 ***150.00

DOCUMENT # P04000074430 1. Entity Name PRINGLE AVIATION, INC.						
Principal Place of Business 733 BOYLSTON ST. LEESBURG, FL 34748			Mailing Address 733 BOYLSTON ST. LEESBURG, FL 34748			
2. Principal Place of Business - No P.O. Box # 175 LAKESIDE DR E Suite, Apt. #, etc.		3. Mailing Address 175 LAKESIDE DR E Suite, Apt. #, etc.				
City & State PORT ORANGE, FL Zip 32128 Country US		City & State PORT ORANGE, FL Zip 32128 Country US		4. FEI Number 20-1162400 Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02142008 Chg-P CR2E034 (12/06)		
6. Name and Address of Current Registered Agent SUMMERS, GARY L WILLIAMS, SMITH & SUMMERS, P.A. 380 WEST ALFRED STREET TAVARES, FL 32778						
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees						
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 </div> <div> DATE </div> </div>						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRINGLE, JOHN A 6 CROSS CREEK WAY ORMOND BEACH, FL 32174		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	175 LAKESIDE DR E PORT ORANGE, FL 32128	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD PRINGLE, ELISABETH B 733 BOYLSTON STREET LEESBURG, FL 34748		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	160 MAJESTIC OAKS CT ORANGE CITY, FL 32763	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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: <u>John A. Pringle</u> JOHN A. PRINGLE <u>2/20/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						