

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000096965

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: WELLINGTON AVIATION, INC.

**Current Principal Place of Business:**

11465 IRONHEAD TRL  
LAKELAND, FL 338091058

**New Principal Place of Business:**

**Current Mailing Address:**

730 S. WOODLAWN AVE.  
BARTOW, FL 338305451

**New Mailing Address:**

1535 LAKESIDE DR.  
BARTOW, FL 338306905

FEI Number: 20-2324124

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOLLER, CHRISTOPHER W  
11465 IRONHEAD TRL  
LAKELAND, FL 338091058 US

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

GOLLER, CHRISTOPHER W  
1535 LAKESIDE DR.  
BARTOW, FL 338306905 US

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

04/30/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CO ( ) Delete  
Name: GOLLER, CHRISTOPHER W  
Address: 11465 IRONHEAD TRL  
City-St-Zip: LAKELAND, FL 33809 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CO (X) Change ( ) Addition  
Name: GOLLER, CHRISTOPHER W  
Address: 1535 LAKESIDE DR  
City-St-Zip: BARTOW, FL 338306905 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTOPHER GOLLER

CO

04/30/2009

Electronic Signature of Signing Officer or Director

Date