

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000097754

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** AIRCRAFT BANKING CENTERS, INC.

**Current Principal Place of Business:**

4491 ESCONDIDO LANE  
UNIT 75  
N. CAPTIVA ISLAND, FL 33924

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 516  
PINELAND, FL 33945

**New Mailing Address:**

**FEI Number:** 55-0874432

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MADDEN, JEANNE B  
4491 ESCONDIDO LANE  
UNIT 75  
N. CAPTIVA ISLAND, FL 33924 US

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

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MADDEN, JEANNE B  
Address: P.O. BOX 516  
City-St-Zip: PINELAND, FL 33945 FL

Title: EVP  
Name: MADDEN, DAVID R  
Address: P.O. BOX 516  
City-St-Zip: PINELAND, FL 33945

I hereby 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 all other like empowered.

SIGNATURE: JEANNE BETH MADDEN

PRES

02/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date