## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000123171

Address:

City-St-Zip:

2760 NW 26TH PLACE

GAINESVILLE, FL 32605 US

Entity Name: SOUTHEAST AIRCRAFT CHARTER, INC.

FILED Jan 25, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3950 NE 48TH AVENUE GAINESVILLE, FL 32609 US **Current Mailing Address: New Mailing Address:** 3950 NE 48TH AVENUE GAINESVILLE, FL 32609 US FEI Number: 20-1618915 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOMBERGER, CAROLYN L. 2760 NW 26TH PLACE GAINESVILLE, FL 32605 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 Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BOMBERGER, CAROLYN L Name: Name: 2760 NW 26TH PLACE Address: Address: City-St-Zip: GAINESVILLE, FL 32605 US City-St-Zip: ( ) Delete Title: VP/D Title: () Change () Addition Name: BOMBERGER, MATTHEW A Name: 8012 120TH PLACE, SE Address: Address: NEWCASTLE, WA 98056 US City-St-Zip: City-St-Zip: ( ) Delete Title: Title: S/D () Change () Addition BOMBERGER, RACHEL A Name: Name: 501 KNIGHTS RUN AVENUE, APT. 2211 Address: Address: City-St-Zip: TAMPA, FL 33602 US City-St-Zip: Title: T/D () Delete Title: () Change () Addition BOMBERGER, CAROLYN L Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: CAROLYN BOMBERGER P/D 01/25/2008