

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000143539

FILED  
Apr 13, 2006  
Secretary of State

Entity Name: UNCUB AVIATION, INCORPORATED

**Current Principal Place of Business:**

5110 S LAKELAND DR  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

5110 S LAKELAND DR  
LAKELAND, FL 33813

**New Mailing Address:**

FEI Number: 11-3728687

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORRISON, JOSEPH A  
3500 S FLORIDA AVE STE 3  
LAKELAND, FL 33803 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SCOTT, GREGORY P  
Address: 5110 S LAKELAND DR  
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete  
Name: MARLOW, SHAWN  
Address: 2316 MAGNOLIA AVE  
City-St-Zip: LAKELAND, FL 338133220

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GREGORY P. SCOTT

D

04/13/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date