

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90112 026 ***158.75

DOCUMENT # P05000010187

1. Entity Name
SHELLEY AVIATION, INC.



Principal Place of Business
**2096 PARK SHORE LANE
GENEVA, FL 32732**

Mailing Address
**2096 PARK SHORE LANE
GENEVA, FL 32732**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062008

Chg-P

CR2E034 (12/06)

4. FEI Number
20-2231105

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHELLEY, JOHN S
2096 PARK SHORE LANE
GENEVA, FL 32732**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

JOHN S. SHELLEY

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCEO** ☐ Delete
NAME **SHELEY JOHN S** **SPELLING**
STREET ADDRESS **2096 PARK SHORE LANE** **WRONG**
CITY-ST-ZIP **GENEVA, FL 32732**

TITLE **DCEO** ☒ Change ☐ Addition
NAME **JOHN S. SHELLEY**
STREET ADDRESS **2096 PARK SHORE LANE**
CITY-ST-ZIP **GENEVA, FL 32732**

TITLE **DP** ☒ Delete
NAME **HENDERSON, DINA L**
STREET ADDRESS **2096 PARK SHORE LANE**
CITY-ST-ZIP **GENEVA, FL 32732**

TITLE **DP** ☒ Change ☐ Addition
NAME **JOHN S. SHELLEY**
STREET ADDRESS **2096 PARK SHORE LANE**
CITY-ST-ZIP **GENEVA, FL 32732**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **JOHN S. SHELLEY**
STREET ADDRESS **2096 PARK SHORE LANE**
CITY-ST-ZIP **GENEVA, FL 32732**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

JOHN S. SHELLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/08-321-217-6188