

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000010187

1. Entity Name
SHELLEY AVIATION, INC.



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

05-07-2008 90112 026 ***158.75

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

Mailing Address

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

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

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting)

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

TITLE: DCEO Delete
NAME: SHELLEY, JOHN S **SPELLING
WRONG**
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: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE: Change Addition
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 #



01062008 Chg-P CR2E034 (12/06)