

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90083 049 ***158.75

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1. Entity Name
FALCON AERONAUTICS, INC.



Principal Place of Business

~~6102 SEMINOLE GARDEN CIRCLE~~
~~PALM BEACH, FL 33410~~

Mailing Address

4327 SOUTH HIGHWAY #27
SUITE 404
CLERMONT, FL 34711

40046726



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

3. Mailing Address

1666 SOUTHWEST CAISOR AVENUE
PORT ST. LUCIE, FLORIDA 34953

01302007 Chg-P CR2E034 (12/06)

4. FEI Number
16-1721995

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAYNES, DAVID M ESQ.
4327 S. HIGHWAY 27
SUITE 404
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME MEREDITH, JAMES
STREET ADDRESS ~~6102 SEMINOLE GARDEN CIRCLE~~
CITY- ST- ZIP ~~PALM BEACH, FL 33410~~

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS **1666 SOUTHWEST CAISOR AVENUE**
CITY- ST- ZIP **PORT ST. LUCIE, FLORIDA 34953**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #