

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90102 040 ***158.75

DOCUMENT # P06000045119

1. Entity Name
TOP FLIGHT AVIATION, INC.



Principal Place of Business
**672 ROCHESTER STREET
OVIEDO, FL 32765**

Mailing Address
**672 ROCHESTER STREET
OVIEDO, FL 32765**

40076011



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

04032008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-4643928

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

**SHAFFER, ERIC
672 ROCHESTER STREET
OVIEDO, FL 32765**

Name **Margaret R. Hoyt, Esq.**

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

OVIEDO, FL

City

FL

Zip Code

32765

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/8/08

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 10

TITLE **D** ☐ Delete
NAME **SHAFFER, ERIC**
STREET ADDRESS **672 ROCHESTER STREET**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE **D** ☐ Change ☒ Addition
NAME **BRAD STROCKO**
STREET ADDRESS **6631 Earthgold Dr.**
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE **D** ☐ Delete
NAME **BLANCHARD, GARY**
STREET ADDRESS **672 ROCHESTER STREET**
CITY-ST-ZIP **OVIEDO, FL 32765**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/08 **407 616-4441**
Date Daytime Phone #