## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000131439

Entity Name: CROOKED ISLAND AVIATION, INC.

**FILED** Feb 20, 2008 Secretary of State

Current Pr	incipal Place	of Business:	New Principal Place	New Principal Place of Business:	
1201 ARAPAHO AVENUE SUITE B ST. AUGUSTINE, FL 32084				1871 MELROSE PLANTATION DRIVE JACKSONVILLE, FL 32223	
Current Ma	ailing Addres	s:	New Mailing Address	New Mailing Address:	
1201 ARAPAHO AVENUE SUITE B ST. AUGUSTINE, FL 32084				1871 MELROSE PLANTATION DRIVE JACKSONVILLE, FL 32223	
FEI Number:	20-5755393	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
WERTER, JAMES S ESQUIRE 1201 ARAPAHO AVENUE SUITE B ST. AUGUSTINE, FL 32084 US			1871 MELROSE PLAN	MCDONALD, COY O III 1871 MELROSE PLANTATION DRIVE JACKSONVILLE, FL 32223 US	
The above in the State		submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: COY O. MCDONALD III				02/20/2008	
	Electron	ic Signature of Registered Ag	ent	Date	
Election Cam	paign Financing	g Trust Fund Contribution ( ).			
OFFICERS	AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	MCDONALD, C	Delete OY O III E PLANTATION DRIVE	Title: Name: Address:	( ) Change ( ) Addition	

Title: VΡ () Delete WERTER, JAMES S Name: Address: 1201 ARAPAHO AVENUE

JACKSONVILLE, FL 32223

ST. AUGUSTINE, FL 32084

City-St-Zip:

City-St-Zip:

Title: ( ) Delete Name: WERTER, JAMES S 1201 ARAPAHO AVENUE Address: City-St-Zip: ST. AUGUSTINE, FL 32084

Title: SEC () Delete MCDONALD, COY O III Name:

1871 MELROSE PLANTATION DRIVE Address:

City-St-Zip: JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32257

EDWARDS, JEFFERSON R III

9011 KINGS COLONY ROAD

(X) Change ( ) Addition

Title: (X) Change ( ) Addition Name: EDWARDS, JEFFERSON R III Address: 9011 KINGS COLONY ROAD City-St-Zip: JACKSONVILLE, FL 32257

Title: () Change () Addition

Name: Address: City-St-Zip:

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

Ρ SIGNATURE: COY O. MCDONALD III 02/20/2008