## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000019856

Entity Name: BCP AVIATION INC.

FILED Apr 02, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2713 SW 14TH ST OCALA, FL 34474							
Current Mailing Address:				New Mailing Address:			
2713 SW 14TH ST OCALA, FL 34474							
FEI Number: 26-2023198 FEI Number Applied For ( ) FEI Num				mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and	Name and Address of New Registered Agent:						
PERNITZA, BRUCE C 2713 SW 14TH ST OCALA, FL 34474 US							
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.							
SIGNATURE:							
Electronic Signature of Registered Agent							Date
Election Cam	paign Financ	ing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DIR PERNITZA, E 2713 SW 14 OCALA, FL	TH ST		Title: Name: Address: City-St-Zip:		() Change	( ) Addition
Title: Name: Address: City-St-Zip:		( ) Delete		Title: Name: Address: City-St-Zip:	DIR PERNITZA, 2713 SW 14 OCALA, FL	ITH ST	(X) Addition
Title: Name: Address: City-St-Zip:		( ) Delete		Title: Name: Address: City-St-Zip:	DIR PERNITZA, 2713 SW 14 OCALA, FL	ITH ST	(X) Addition
Title: Name: Address: City-St-Zip:		( ) Delete		Title: Name: Address: City-St-Zip:	DIR PERNITZA, 2713 SW 14 OCALA, FL	ITH ST	(X) Addition
Title: Name: Address: City-St-Zip:		( ) Delete		Title: Name: Address: City-St-Zip:	DIR PERNITZA, 2713 SW 14 OCALA, FL	ITH ST	(X) Addition
Title: Name: Address: City-St-Zip:		( ) Delete		Title: Name: Address: City-St-Zip:	DIR PERNITZA, 2713 SW 14 OCALA, FL	ITH ST	(X) Addition
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							

SIGNATURE: BRUCE PERNITZA DIR 04/02/2009

above, or on an attachment with an address, with all other like empowered.