

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000063065

Entity Name: BRAGG AVIONICS, INC.

FILED  
Mar 11, 2009  
Secretary of State

## Current Principal Place of Business:

855 ST. JOHNS BLUFF ROAD  
CRAIG AIRPORT  
JACKSONVILLE, FL 32225

## New Principal Place of Business:

## Current Mailing Address:

855 ST. JOHNS BLUFF ROAD  
CRAIG AIRPORT  
JACKSONVILLE, FL 32225

## New Mailing Address:

FEI Number: 90-0397282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLACKARD, WILLIAM R JR  
1000 RIVERSIDE AVE.  
SUITE 111  
JACKSONVILLE, FL 32204 US

## Name and Address of New Registered Agent:

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 Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition  
Name: BRAGG, MICHAEL D  
Address: 9900 CARBONDALE DRIVE WEST  
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP ( ) Change (X) Addition  
Name: BRAGG, THOMAS G  
Address: 4530 MORRIS ROAD  
City-St-Zip: JACKSONVILLE, FL 32225

Title: SEC ( ) Change (X) Addition  
Name: BRAGG, CHELSIE J  
Address: 9900 CARBONDALE DRIVE WEST  
City-St-Zip: JACKSONVILLE, FL 32208

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.

SIGNATURE: MICHAEL D BRAGG

PRES

03/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date