

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000095943

FILED
Apr 27, 2009
Secretary of State

Entity Name: THE AVIATION RESOURCE UNLIMITED, INC.

Current Principal Place of Business:

10524 MOSS PARK RD
204-111
ORLANDO, FL 32832

New Principal Place of Business:

Current Mailing Address:

10524 MOSS PARK RD
204-111
ORLANDO, FL 32832

New Mailing Address:

FEI Number: 80-0288792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEBHARDT, WAYNE
361 BRASSIE DR.
ORLANDO, FL 32804 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: PD () Delete
Name: SILEN, SCOTT
Address: 10524 MOSS PARK RD #204-111
City-St-Zip: ORLANDO, FL 32832

Title: TD () Delete
Name: GEBHARDT, WAYNE
Address: 361 BRASSIE DR
City-St-Zip: ORLANDO, FL 32804

Title: SD () Delete
Name: DEVER, TAMMY
Address: 2904 UNITY TREE DR
City-St-Zip: EDGEWATER, FL 32141

Title: VPD () Delete
Name: RYAN, CLIFF
Address: 769 E. ROSEWOOD LANE
City-St-Zip: TAVARES, FL 32778

Title: D (X) Delete
Name: BEHREND, JAMES
Address: 10524 MOSS PARK RD #204-111
City-St-Zip: ORLANDO, FL 32832

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TSD (X) Change () Addition
Name: GEBHARDT, WAYNE
Address: 361 BRASSIE DR
City-St-Zip: ORLANDO, FL 32804

Title: VPD (X) Change () Addition
Name: BEHREND, JAMES
Address: 10524 MOSS PARK RD STE 204-111
City-St-Zip: ORLANDO, FL 32832

Title: VPD (X) Change () Addition
Name: RYAN, CLIFF
Address: 4168 WALTHAM FOREST DR.
City-St-Zip: TAVARES, FL 32778

Title: () Change () Addition
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.

SIGNATURE: J SCOTT SILEN

Electronic Signature of Signing Officer or Director

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04/27/2009

_____ Date