

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000101382

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** CONCEPT AVIATION OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

295 NORTHWEST COMMONS LOOP, SUITE 115-391  
LAKE CITY, FL 32055

**New Principal Place of Business:**

4735 NW 53RD AVENUE  
SUITE B  
GAINESVILLE, FL 32653

**Current Mailing Address:**

295 NORTHWEST COMMONS LOOP, SUITE 115-391  
LAKE CITY, FL 32055

**New Mailing Address:**

5200 NW 43RD STREET  
SUITE 102-381  
GAINESVILLE, FL 32606

**FEI Number:** 27-4272338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRANT, ABRAHAM, REITER, MCCORMICK & JOHNSO  
50 NORTH LAURA STREET, SUITE 2750  
JACKSONVILLE, FL 32202 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CRAWFORD, BRIAN S  
Address: 5200 NW 43RD STREET  
City-St-Zip: GAINESVILLE, FL 32606

I hereby 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 all other like empowered.

SIGNATURE: BRIAN CRAWFORD

D

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date