

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90018 039 ***150.00

DOCUMENT # P17096

1. Entity Name
FLIGHT OPERATIONS, INC.



Principal Place of Business

~~2000 W. WILLOW LANE~~
~~PEORIA, IL 61615~~

Mailing Address

~~10639 STATE ST.~~
~~PEORIA, IL 61652~~

Mailing Address: 10639 State St.
P.O. Box 428, Mossville, IL 61552



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number
37-1136347

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	PLEVEL, LINDA S.
STREET ADDRESS	7409 N. PICCADILLY
CITY-ST-ZIP	PEORIA, IL 61615
TITLE	DPT
NAME	OWENS, RICHARD L JR.
STREET ADDRESS	828 W. SAVANNA CT
CITY-ST-ZIP	DUNLAP, IL 61525
TITLE	ASD
NAME	OWENS, DENNIS
STREET ADDRESS	327 W CEDAR HILLS DRIVE
CITY-ST-ZIP	CHILLICOTHE, IL 61523
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda S. Plevel Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-03-08

Date -

(309) 579-3100

Daytime Phone #