2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# P17096

Entity Name: FLIGHT OPERATIONS, INC.

Current Principal Place of Business:

2885 W. WILLOW LAKE DR
PEORIA, IL 616141134 US

New Principal Place of Business:

10639 STATE STREET
MOSSVILLE, IL 61552 US

Current Mailing Address:

2885 W. WILLOW LAKE DR
PEORIA, IL 616141134 US

New Mailing Address:

10639 STATE STREET, P.O. BOX 438
MOSSVILLE, IL 61552 US

FEI Number: 37-1136347 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: S ( ) Delete
Name: PLEVEL, LINDA S.
Address: 7409 N. PICCADILLY
City-St-Zip: PEORIA, IL 61615

Title: DPT ( ) Delete
Name: OWENS, RICHARD L JR.
Address: 828 W. SAVANNA CT
City-St-Zip: DUNLAP, IL 61525

Title: ASD ( ) Delete
Name: OWENS, DENNIS
Address: 327 W CEDAR HILLS DRIVE
City-St-Zip: CHILLICOTHE, IL 61523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: PLEVEL, LINDA S.
Address: 7409 N. PICCADILLY
City-St-Zip: PEORIA, IL 61614

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

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: LINDA S. PLEVEL S 04/13/2009

Electronic Signature of Signing Officer or Director Date