

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31055

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

**Entity Name:** NATIONAL AVIATION ACADEMY OF MISSISSIPPI, INC.

**Current Principal Place of Business:**

6225 ULMERTON ROAD  
CLEARWATER, FL 33760

**New Principal Place of Business:**

**Current Mailing Address:**

6225 ULMERTON ROAD  
CLEARWATER, FL 33760

**New Mailing Address:**

**FEI Number:** 64-0792444      **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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: ELLIOTT, MAC W C/CEO  
Address: PO BOX 5199  
City-St-Zip: JACKSON, FL 39296

Title: S  
Name: ELLIOT, LYLA G SEC.  
Address: P.O BOX 5199  
City-St-Zip: JACKSON, MS 39296

Title: P  
Name: WISNIEWSKI, MICHAEL K PRES.  
Address: 6225 ULMERTON RD.  
City-St-Zip: CLEARWATER, FL 33760

Title: AS  
Name: CONNERS, LAURIE K SVP  
Address: 6225 ULMERTON RD.  
City-St-Zip: CLEARWATER, FL 33760

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: LAURIE K. CONNERS

AS

03/07/2012

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

\_\_\_\_\_ Date