

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90041 049 ***158.75

DOCUMENT # P33068		
1. Entity Name YOWELL INTERNATIONAL AIRLINES INC.		

Principal Place of Business 1 AEROSPACE DRIVE SUITE 2 MELBOURNE, FL 32901 US	Mailing Address PO BOX 1502 MELBOURNE, FL 32902 US
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40000327



01042008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 100 AEROSPACE DR	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. Suite 102	Suite, Apt. #, etc.
City & State Melbourne FL	City & State
Zip 32901	Country US

4. FEI Number 31-1070270	Applied For ☐
	Not Applicable ☐

5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent YOWELL, NEIL T JR. 1 AEROSPACE DRIVE SUITE 2 MELBOURNE, FL 32901	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	100 AEROSPACE DR # 102
City	Melbourne
State	FL
Zip Code	32901

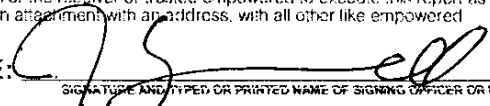
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reissuing) 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST YOWELL, CAROL 1 AEROSPACE DR STE 2 MELBOURNE, FL 32901 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 100 AEROSPACE DR STE 102 MELBOURNE FL 32901
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V YOWELL, JAY 1 AEROSPACE DR STE 2 MELBOURNE, FL 32901 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 100 AEROSPACE DR STE 102 MELBOURNE FL 32901
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D YOWELL, STEVEN 1 AEROSPACE DR STE 2 MELBOURNE, FL 32901 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 100 AEROSPACE DR SUITE 102 MELBOURNE FL 32901
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P YOWELL, NEIL T JR. 1 AEROSPACE DR STE 2 MELBOURNE, FL 32901 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 100 AEROSPACE DR SUITE 102 MELBOURNE FL 32901
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V CANTILLON, WILLIAM 1 AEROSPACE DR STE 2 MELBOURNE, FL 32901 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 100 AEROSPACE DR STE 102 MELBOURNE FL 32901
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: _____ Day/Mo/Yr: _____