


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P35739		
1. Entity Name ALL ATTITUDE AVIATION, INC.		
Principal Place of Business 141 SKYWAY DR UNIT 3 EDGEWATER, FL 32132 US	Mailing Address 2105 12TH ST EDGEWATER, FL 32132 US	



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-1617894	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JOHNSON, PATRICIA CAROLINE
2105 12TH STREET
EDGEWATER, FL 32132

**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 _____ (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

U00000934993
05/23/08-80052-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC JOHNSON, PATRICIA C. 2105 12TH STREET EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC HEYBURN, DAVID A 2105 12TH STREET EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, PATRICIA C. 2105 12TH STREET EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST HEYBURN, DAVID A 2105 12TH STREET EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Patricia C. Johnson* **04-24-08 3864266040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #