

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000004707

1. Entity Name
AERO-PIC, INC.



FILED
May 04, 2007 08:00 A
Secretary of State

Principal Place of Business
2683 ST JOHNS BLUFF ROAD SOUTH
SUITE 135, PARK EAST CENTER
JACKSONVILLE, FL 32246

Mailing Address
2683 ST JOHNS BLUFF ROAD SOUTH
SUITE 135, PARK EAST CENTER
JACKSONVILLE, FL 32246



01032007 No Chg-P CR2E034 (11/05)

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4. FEI Number 59-3156632	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

O'BRIEN, MICHAEL T
2683 ST JOHNS BLUFF ROAD S
SUITE 135, PARK EAST CENTER
JACKSONVILLE, FL 32246

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS O'BRIEN, MICHAEL T 4340 RYE CT JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT O'BRIEN, STEPHAN G. 912 QUINCY COURT JACKSONVILLE, FL 32259
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05/25/07-80044-005 150.00

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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 **Michael T. O'Brien**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/07
Date

904-642-5545
Daytime Phone #