

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90157 009 ***150.00

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|--|--|--|---|---|--|
| DOCUMENT # P93000004707 | | | | | |
| 1. Entity Name AERO-PIC, INC. | | | | | |
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # 4340 Rye Court Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 600582 Suite, Apt. #, etc. | | | |
| City & State Jacksonville, FL Zip 32259 Country St. Johns | | City & State Jacksonville, FL Zip 32260 Country St. Johns | | 4. FEI Number 59-3156632 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 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 | | | | | |
| 7. Name and Address of New Registered Agent Name: O'Brien, Michael T. Street Address (P.O. Box Number is Not Acceptable): 4340 Rye Court City: Jacksonville FL Zip Code: 32259 | | | | | |
| 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: President DATE: 4/28/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPS O'BRIEN, MICHAEL T 4340 RYE CT JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVT O'BRIEN, STEPHAN G. 912 QUINCY COURT JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 the empowered. | | | | | |
| SIGNATURE: | | | 4/28/08 904-230-6616 <small>Date Daytime Phone #</small> | | |