

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90205 035 \*\*\*150.00

**DOCUMENT # P94000000198**

1. Entity Name  
AVIATION CENTER OF TAMPA BAY, INC.



Principal Place of Business  
6222 US HWY 301 SOUTH  
RIVERVIEW, FL 33569-1059 US

Mailing Address  
6222 US HWY 301 SOUTH  
RIVERVIEW, FL 33569-3827 US

**60035290**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip 33578 Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip 33578 Country

01162008 Chg-P CR2E034 (12/06)

4. FEI Number  
59-3193427

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, DANIEL S  
6222 US HWY 301 S  
RIVERVIEW, FL 33569

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code 33578

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 *Beverly Allen* DATE 4/28/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when registering)

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALLEN, BEVERLY 6222 US HWY 301 SOUTH RIVERVIEW, FL <del>33569</del>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALLEN, DANIEL S 6222 US HWY 301S RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Beverly Allen* DATE 4/28/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR