

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000007528

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** AVIATION SYSTEMS OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

1700 SCENIC HWY.  
SUITE 502  
PENSACOLA, FL 32503 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 15638  
PENSACOLA, FL 325140638 US

**New Mailing Address:**

**FEI Number:** 59-3221867

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOUTWELL, SHIRON W  
115 CALLE DE SANTIAGO CT  
PENSACOLA, FL 32502 US

**Name and Address of New Registered Agent:**

BOUTWELL, SHIRON W  
1700 SCENIC HWY #502  
PENSACOLA, FL 32503 US

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.

SIGNATURE:

04/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTS  
Name: BOUTWELL, SHIRON W  
Address: 1700 SCENIC HWY #502  
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHIRON W. BOUTWELL

PTS

04/01/2011

Electronic Signature of Signing Officer or Director

Date