

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000033624

Entity Name: CAROLINA AVIATION, INC.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

15500 EVERGREEN AVENUE
CLEARWATER, FL 34622

New Principal Place of Business:

Current Mailing Address:

138 N. MOON AVE
SUITE B
BRANDON, FL 33510 US

New Mailing Address:

FEI Number: 20-1739930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SELBY, JOHN W
2888 LACONCHA
CLEARWATER, FL 34622 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SELLERS, JOHN G
Address: 138 NO. MOON AV. STE B
City-St-Zip: BRANDON, FL 33510

Title: VD () Delete
Name: SELBY, JOHN W
Address: 2888 LACONCHA DRIVE
City-St-Zip: CLEARWATER, FL 34622

Title: PD () Delete
Name: HEAD, THOMAS
Address: 3139 SHORELINE DR
City-St-Zip: CLEARWATER, FL 33760

Title: SD () Delete
Name: CLIPPARD, ROBERT
Address: 9933 BALSARIDGE CT
City-St-Zip: TRINITY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN G SELLERS

TD

04/13/2009

Electronic Signature of Signing Officer or Director

Date