

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000060689

1. Entity Name

LEADING EDGE AVIATION SERVICES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 22 PH 2:15

Principal Place of Business

VANDENBERG AIRPORT
6582 EUREKA SPRINGS RD
TAMPA FL 33610
US

Mailing Address

VANDENBERG AIRPORT
6582 EUREKA SPRINGS RD
TAMPA FL 33610
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 59-3272891

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOBERG, MARK R
6582 EUREKA SPRINGS RD
TAMPA FL 33610

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

4/24/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MOBERG, MARK R	
STREET ADDRESS	6582 EUREKA SPRINGS RD STE-130	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOBERG, DAVID C	
STREET ADDRESS	6582 EUREKA SPRINGS RD	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOBERG, ROBERT C	
STREET ADDRESS	6582 EUREKA SPRINGS RD STE-130	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOBERG, ROBERT C	
STREET ADDRESS	6582 EUREKA SPRINGS RD	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	800130740368
CITY-ST-ZIP	06/04/08--01034--005 **716.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08

Date

Daytime Phone #

5/27