2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9600004061

1. Entity Name

CORPORATE AIRWAYS, INC.

FILED
May 05, 2008 08:00 AN
Secretary of State

Principal Place of Business PO BOX 351000 JACKSONVILLE, FL 32235 Mailing Address
PO BOX 351000

JACKSONVILLE, FL 32235



DO NOT WRITE IN THIS S	SPACE
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 04282008
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For

 59-3366471
 Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, JAMES V 217 PONTE VERDE PARK DR PONTE VERDE BEACH, FL 32082

SIGNATURE:

DO NOT WRITE IN THIS SPACE

5-/-0 Y

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 reinstating) DATE						
TO Z. Togalese Type and the Congress of the Co						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution		ncing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DONALDSON, RICHARD R. 855 ST. JOHNS BLUFF RD. N. JACKSONVILLE, FL				06/02/08-800SD-019 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby 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						