

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P97000004521**

1. Entity Name  
INTREPID AVIATION, INC.



Principal Place of Business  
575 NORTH BROADWAY  
BARTOW, FL 33830

Mailing Address  
575 NORTH BROADWAY  
BARTOW, FL 33830



03052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3423275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MOODY, DANIEL D  
575 NORTH BROADWAY  
BARTOW, FL 33830

**DO NOT WRITE  
IN THIS SPACE**

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

*Daniel D. Moody*

(NOTE: Registered Agent signature required when reinstating)

3-17-08

DATE

**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**

TITLE	PTSD
NAME	MOODY, DANIEL D
STREET ADDRESS	575 NORTH BROADWAY
CITY-ST-ZIP	BARTOW, FL 33830

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U000000863152  
04/03/08-80080-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-08

Date

Daytime Phone #