

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000006823

1. Entity Name  
PROFESSIONAL AIRCRAFT ACCESSORIES, INC.



Principal Place of Business

7035 CENTER LANE  
TITUSVILLE, FL 32780 US

Mailing Address

1750 TYSONS BLVD., STE 1400  
MC LEAN, VA 22102-4244



04152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

58-2294305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	BIAL, ROBERT
STREET ADDRESS	3400 LILLIAN BLVD
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	CEOD
NAME	CHASTAIN, THOMAS J JR
STREET ADDRESS	4694 AVIATION PARKWAY SUITE K
CITY-ST-ZIP	ATLANTA, GA 303496024
TITLE	V
NAME	MCDONALD, MICHAEL L
STREET ADDRESS	1750 TYSONS BLVD., SUITE 1400
CITY-ST-ZIP	MC LEAN, VA 221024244
TITLE	VD
NAME	PERSAVICH, WARREN D
STREET ADDRESS	1750 TYSONS BLVD., STE 1400
CITY-ST-ZIP	MC LEAN, VA 221024244
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

06/02/08-80018-016 150.00

**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 all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

Date

103-478-5800

Daytime Phone #