

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000036779

FILED
Apr 13, 2005
Secretary of State

Entity Name: YELVINGTON AVIATION MANAGEMENT, INC.

Current Principal Place of Business:

2326 BELLVUE AVE
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

PO BOX 11637
DAYTONA BEACH, FL 321201637

New Mailing Address:

FEI Number: 59-3453145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YELVINGTON, CONRAD
800 BIG TREE ROAD
SOUTH DAYTONA, FL 32119 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: D () Delete
Name: YELVINGTON, CONRAD
Address: 800 BIG TREE ROAD
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D () Delete
Name: YELVINGTON, MARGARET
Address: 800 BIG TREE ROAD
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D () Delete
Name: YELVINGTON, GARY
Address: 800 BIG TREE ROAD
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D () Delete
Name: YELVINGTON, DARLENE
Address: 800 BIG TREE ROAD
City-St-Zip: SOUTH DAYTONA, FL 32119

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 for the exemption stated in Section 119.07(3)(i), 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: MARK K KLEBE

CFO

04/13/2005

Electronic Signature of Signing Officer or Director

Date