2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90047 010 ***150.00

DOCUMENT # P97000039969

1. Entity Name
RELIABLE AVIATION, INC.

Principal Place of Business
RELIABLE AVIATION INC
6044 VANDERBERG HANGAR LN
TAMPA, FL 33610

Mailing Address
RELIABLE AVIATION INC
6044 VANDERBERG HANGAR LN
TAMPA, FL 33610

2. Principal Place of Business No P.O. Box #
Suite, Apt. #, etc
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc
City & State
Zip Country

03132007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3444464
Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
MILLER, DONALD J
4930 ANNISTON CIRCLE
TAMPA, FL 33647

7. Name and Address of New Registered Agent
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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	KEECH, HOWARD	
STREET ADDRESS	3934 CASABA LOOP	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D	☐ Delete
NAME	MILLER, DONALD J	
STREET ADDRESS	~~14012 SHADY SHORES DRIVE~~ See Above	
CITY-ST-ZIP	TAMPA, FL ~~33613~~ 4930 ANNISTON CIRCLE 33647	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ 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 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 all other like empowered.

SIGNATURE: [signature] 3-14-07 813 626 4894 813-220-7511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #