

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000042469

1. Entity Name

LEADING EDGE AVIATION CONSULTING INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 22 PM 2:15

Principal Place of Business
6582 EUREKA SPRINGS ROAD
VANDENBERG AIRPORT
TAMPA FL 33610

Mailing Address
6582 EUREKA SPRINGS ROAD
VANDENBERG AIRPORT
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

1st MOORE CR2E034 (10/07)

4. FEI Number 77-0610573
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MOBERG, MARK R
6582 EUREKA SPRINGS RD STE 130
LAKELAND FL 33610

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 DATE 4/24/08
Signature, typed or printed name of registered agent and filer's application. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	☐ Delete		TITLE	☐ Change	☐ Addition	
NAME	MOBERG, MARK R			NAME			
STREET ADDRESS	6582 EUREKA SPRINGS RD			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33610			CITY-ST-ZIP			
TITLE	V	☐ Delete		TITLE	☐ Change	☐ Addition	
NAME	MOBERG, DAVID C			NAME			
STREET ADDRESS	6582 EUREKA SPRINGS RD			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33610			CITY-ST-ZIP			
TITLE	ST	☐ Delete		TITLE	☐ Change	☐ Addition	
NAME	MOBERG, ROBERT C			NAME			
STREET ADDRESS	6582 EUREKA SPRINGS RD			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33610			CITY-ST-ZIP			
TITLE	P	☐ Delete		TITLE	☐ Change	☐ Addition	
NAME	MOBERG, MARK R			NAME			
STREET ADDRESS	6582 EUREKA SPRINGS RD			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33610			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change	☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change	☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

4/24/08

Date

Daytime Phone #

5/27/08