


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90094 046 \*\*\*150.00

<b>DOCUMENT # P97000103574</b> 1. Entity Name <b>SAUNDERS AVIATION, INC.</b>					
Principal Place of Business <b>500 COFFEE POT RIVIERA NE</b> <b>ST. PETERSBURG, FL 33704</b>			Mailing Address <b>533 5TH AVE. N</b> <b>ST. PETERSBURG, FL 33701</b>		
2. Principal Place of Business - No P.O. Box # <b>533 5th Ave N.</b>		3. Mailing Address Suite, Apt. #, etc. City & State <b>St. Petersburg FL</b> Zip <b>33701</b>			
Suite, Apt. #, etc. City & State <b>St. Petersburg FL</b> Zip <b>33701</b>		Suite, Apt. #, etc. City & State Zip 		4. FEI Number <b>59-3494860</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01072008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent <b>SAUNDERS, DON</b> <b>500 COFFEE POT RIVIERA NE</b> <b>ST. PETERSBURG, FL 33704</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1265 Snell Isle Dr.</b> City <b>St. Petersburg FL</b> Zip Code <b>33704</b>		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAUNDERS, DON II 500 COFFEE POT RIVIERA NE ST PETERSBURG, FL 33704		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>533 5th Ave N.</b> <b>St. Petersburg FL 33701</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 empowerment.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>Don Saunders II</b>			1/9/08 727-898-9436 <small>Date Daytime Phone #</small>		