

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000033937

**FILED**  
**Jan 10, 2010**  
**Secretary of State**

**Entity Name:** LUNSFORD AIR CONSULTING, INC.

**Current Principal Place of Business:**

201 AIRPORT PARKWAY  
FLAGLER COUNTY AIRPORT  
PALM COAST, FL 32164

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 730996  
ORMOND BEACH, FL 321730996

**New Mailing Address:**

PO BOX 730996  
ORMOND BEACH, FL 32173

**FEI Number:** 65-0835539

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LUNSFORD, ANNE F  
305 CLYDE MORRIS BOULEVARD  
SUITE 190  
ORMOND BEACH, FL 32174 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:** MR  
**Name:** LUNSFORD, SCOTT W  
**Address:** PO BOX 730996  
**City-St-Zip:** ORMOND BEACH, FL 321730996

I hereby 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 all other like empowered.

**SIGNATURE:** SCOTT W. LUNSFORD

PRES

01/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date