

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000036409	
1. Entity Name BUSTER AVIATION, INC.	

Principal Place of Business 177 4TH AVE N. 2ND FLOOR JACKSONVILLE BEACH, FL 32250	Mailing Address 177 4TH AVE N. 2ND FLOOR JACKSONVILLE BEACH, FL 32250
---	---



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3509342	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHMITZER, EDWARD SMOAK DAVIS & NIXON LLP 1514 NINA STREET JACKSONVILLE, FL 32207
--

DO NOT WRITE IN THIS SPACE

B. 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 _____
Signature, typed or printed name of registered agent and filed applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	8. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	U00000588589 01/17/07-80077-002 150.00
---	--	---------------------------------------	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	0 DUKE, JENNIFER J 177 4TH AVE N, 2ND PLACE JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

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 appendices, with all other the empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR	1-10-07 904 435-3203 Date (Day-Month-Year)
--	---