


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90022 010 ***150.00

DOCUMENT # P98000098152 1. Entity Name INTERNATIONAL AIRCRAFT COMPANY																																		
Principal Place of Business 7268 SE MAGELLAN LANE STUART, FL 34997	Mailing Address 7268 SE MAGELLAN LANE STUART, FL 34997																																	
DO NOT WRITE IN THIS SPACE																																		
6. Name and Address of Current Registered Agent FISHER, JOHN 7268 SE MAGELLAN LANE STUART, FL 34997 <i>NEW ADDRESS</i> <i>12495 AVILES CIRCLE</i> <i>PALM BEACH GARDENS</i> <i>FL 33418</i>		DO NOT WRITE IN THIS SPACE																																
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: <i>[Signature]</i> 3-13-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>																																		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>FISHER, JOHN</td> </tr> <tr> <td>STREET ADDRESS</td> <td>7268 SE MAGELLAN LANE <i>12495 AVILES CIRCLE</i></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STUART, FL 34997 <i>FL</i> <i>PALM BEACH GARDENS 33418</i></td> </tr> <tr> <td>TITLE</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>FISHER, MARLENE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>7268 SE MAGELLAN LANE <i>12495 AVILES CIRCLE</i></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STUART, FL 34997 <i>FL</i> <i>PALM BEACH GARDENS 33418</i></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	D	NAME	FISHER, JOHN	STREET ADDRESS	7268 SE MAGELLAN LANE <i>12495 AVILES CIRCLE</i>	CITY-ST-ZIP	STUART, FL 34997 <i>FL</i> <i>PALM BEACH GARDENS 33418</i>	TITLE	D	NAME	FISHER, MARLENE	STREET ADDRESS	7268 SE MAGELLAN LANE <i>12495 AVILES CIRCLE</i>	CITY-ST-ZIP	STUART, FL 34997 <i>FL</i> <i>PALM BEACH GARDENS 33418</i>	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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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 empowered. SIGNATURE: <i>[Signature]</i> 1/16/08 177 781 3957 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																		