2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000004389

1. Entity Name
W.B. AVIATION, INC.

Principal Place of Business	Mailing Address
11212 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407	119 EUCLID AVENUE BIRMINGHAM, AL 35213

DO NOT WRITE IN THIS SPACE

04182007   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3566453	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

WALTERS, ELIZABETH J
221 MCKENZIE AVENUE
PANAMA CITY, FL 32401

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

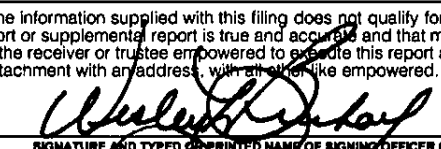| **FILE NOW!!! FEE IS $150.00** **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BURNHAM, WESLEY L JR
STREET ADDRESS	11212 FRONT BEACH ROAD
CITY-ST-ZIP	PANAMA CITY, FL

TITLE	D
NAME	GREEN, HUBERT
STREET ADDRESS	PO BOX 18198
CITY-ST-ZIP	PANAMA CITY, FL 32417

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: _____   4-18-07   (205) 879-7720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #