2008 FOR PROFIT CORPORATION ANNUAL REPORT

3/24

FILED
May 30, 2008 8:00 am
Secretary of State
04-21-2008 90087 027 *****8.75
03-24-2008 90058 019 ***138.75
05-30-2008 90213 043 *****2.50

DOCUMENT # P99000072331

1. Entity Name
CAVU AIRCRAFT, INC.

Principal Place of Business	Mailing Address
7940 MAINLINE PARKWAY FORT MYERS, FL 33912	7940 MAINLINE PARKWAY FORT MYERS, FL 33912

01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0940473
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent –

DESTAVEN, PHILIP J JR
7940 MAINLINE PARKWAY
FORT MYERS, FL 33912

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	DESTEVEN, PHILIP J JR
STREET ADDRESS	7940 MAINLINE PARKWAY
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-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 an address, with all other like empowered.

SIGNATURE: _____ 3/21/08 239-489-3455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #