

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S16257

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA AVIATION CAREER TRAINING, INC.

**Current Principal Place of Business:**

4900 U.S. HIGHWAY 1 N.  
SUITE 200  
ST. AUGUSTINE, FL 32095 US

**New Principal Place of Business:**

**Current Mailing Address:**

4900 U.S. HIGHWAY 1 N.  
SUITE 200  
ST. AUGUSTINE, FL 32095 US

**New Mailing Address:**

**FEI Number:** 59-3040531

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHARLES, HALL  
77 ALMERIA STREET  
SAINT AUGUSTINE, FL 32084 US

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

CHARLES, HALL  
3791 A1A SOUTH  
SAINT AUGUSTINE, FL 32080 US

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

04/29/2012

Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: OTTESEN, BJORN  
Address: 913 SPRING LAKE COURT  
City-St-Zip: ST AUGUSTINE, FL 32080

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: BJORN OTTESEN

DPT

04/29/2012

Electronic Signature of Signing Officer or Director

Date