

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V50879

Entity Name: P.F. FLYERS, INC.

FILED  
Feb 16, 2009  
Secretary of State

## Current Principal Place of Business:

1509 S.FLORIDA AVE.  
LAKELAND, FL 33803 US

## New Principal Place of Business:

## Current Mailing Address:

80 PEACHTREE RD STE 110  
ASHEVILLE, NC 28803 US

## New Mailing Address:

80 PEACHTREE ROAD  
SUITE 110  
ASHEVILLE, NC 28803 US

FEI Number: 59-3135347

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FONTAINE, PETER  
1509 S. FLORIDA AVE.  
LAKELAND, FL 33803 US

## Name and Address of New Registered Agent:

FONTAINE, PETER J PRES  
1509 S. FLORIDA AVE.  
LAKELAND, FL 33803 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: PETER J. FONTAINE

02/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FONTAINE, PETER,  
Address: 1509 S. FLORIDA AVE.  
City-St-Zip: LAKELAND, FL 33803

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FONTAINE, PETER J PRES  
Address: 1509 S. FLORIDA AVE.  
City-St-Zip: LAKELAND, FL 33803

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PETER J FONTAINE

PRES

02/16/2009

Electronic Signature of Signing Officer or Director

Date