

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000106902

**Entity Name:** MALONE AIRCHARTER, INC.

**Current Principal Place of Business:**

855 ST. JOHNS BLUFF ROAD N.  
HANGAR 21  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

855 ST. JOHNS BLUFF ROAD N.  
HANGAR 21  
JACKSONVILLE, FL 32225 US

**FEI Number:** 30-0121261

**Certificate of Status Desired:** No

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

MALONE, MELINDA H  
855 NORTH ST. JOHNS BLUFF ROAD  
#21  
JACKSONVILLE, FL 32225 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

Date

**Officer/Director Detail :**

Title D  
Name MALONE, MELINDA H  
Address 855 NORTH ST. JOHNS BLUFF ROAD  
City-State-Zip: JACKSONVILLE FL 32225

Title D  
Name MALONE, SCOTT H  
Address 855 NORTH ST. JOHNS BLUFF ROAD  
City-State-Zip: JACKSONVILLE FL 32225

Title D  
Name MALONE, HAYDEN A  
Address 855 NORTH ST. JOHNS BLUFF ROAD  
City-State-Zip: JACKSONVILLE FL 32225

Title D  
Name MALONE, IRENE A  
Address 855 NORTH ST. JOHNS BLUFF ROAD  
City-State-Zip: JACKSONVILLE FL 32225

*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:** MELINDA MALONE

**PRESIDENT**

**01/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date