

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000287

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: MB AVIATION, INC.

**Current Principal Place of Business:**

35050 DOLPHIN LAKE DR  
ZEPHYRHILLS, FL 33541

**New Principal Place of Business:**

**Current Mailing Address:**

35050 DOLPHIN LAKE DR  
ZEPHYRHILLS, FL 33541

**New Mailing Address:**

FEI Number: 59-3624851

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOSES, DENNIS S  
35050 DOLPHIN LAKE DR  
ZEPHYRHILLS, FL 33541 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MOSES, DENNIS S  
Address: 35050 DOLPHIN LAKE DR  
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: STD ( ) Delete  
Name: BURNETTE, ROBERT C  
Address: 5522 GALL BLVD STE 2  
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: VD ( ) Delete  
Name: RINALDO, JAMES  
Address: 37824 SKY RIDGE CIRCLE  
City-St-Zip: DADE CITY, FL 33525

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T,D (X) Change ( ) Addition  
Name: MOSES, DENNIS S  
Address: 35050 DOLPHIN LAKE DR  
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: VP,D (X) Change ( ) Addition  
Name: BURNETTE, ROBERT C  
Address: 5522 GALL BLVD STE 2  
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: P, D (X) Change ( ) Addition  
Name: RINALDO, JAMES  
Address: 37826 SKY RIDGE CIRCLE  
City-St-Zip: DADE CITY, FL 33525

Title: S, D ( ) Change (X) Addition  
Name: FIKE, MICHAEL  
Address: 39038 PRETTY POND ROAD  
City-St-Zip: ZEPHYRHILLS, FL 33540

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS S. MOSES

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01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date