


FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90225 004 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 416045			
1. Entity Name AIRTRANS, INC.			
Principal Place of Business 2626 NE JACKSONVILLE RD OCALA, FL 34479 US		Mailing Address PO BOX 2255 OCALA, FL 34478-2255 US	
2. Principal Place of Business 3380 NW 63 AVE		3. Mailing Address	
Suite Apt # etc		Suite Apt # etc	
City & State OCALA, FL		City & State	
Zip 34482		Country USA	
4. FE Number 59-1504028		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PINE, IRENE B 2626 NE JACKSONVILLE RD OCALA, FL 34479		7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) 3380 NW 63 AVENUE City OCALA FL Zip Code 34482	
B. 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 _____ <small>Signature: Typed or printed name of registered agent with title and address. (Initials if registered agent's signature required when certifying)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (Use 11)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMST PINE, JOSEPH 2626 NE JACKSONVILLE RD OCALA, FL 34479 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMST PINE, IRENE B. 2626 NE JACKSONVILLE RD OCALA, FL 34479 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3380 NW 63 AVENUE OCALA FL 34482 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Irene B. Pine</u> Irene B. Pine		Date: <u>April 22, 2006</u> 352-629-1085	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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