


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90552 029 ***150.00

DOCUMENT # F01000003664
 1. Entity Name
 LAKELAND AIR TRANSPORT, INC.



Principal Place of Business Mailing Address
 3600 DRANE FIELD RD 3600 DRANE FIELD RD
 LAKELAND, FL 33811 LAKELAND, FL 33811

DO NOT WRITE IN THIS SPACE

20035672



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 84-1397537	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
 HICKS, DARYL G
 3600 DRANE FIELD RD
 LAKELAND, FL 33811

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8. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HICKS, DARYL G 3400 AIRFIELD DRIVE WEST, SUITE 4 LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HICKS, DARYL G 3400 AIRFIELD DRIVE WEST, SUITE 4 LAKELAND, FL 33811
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Daryl Hicks 4/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #