


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # F01000005989 1. Entity Name FLY ON, INC.	
---	---

Principal Place of Business C/O HABER CORPORATION 16830 VENTURA BLVD., #501 ENCINO, CA 91436	Mailing Address C/O HABER CORPORATION 16830 VENTURA BLVD., #501 ENCINO, CA 91436
---	---



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-2641300	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	PD ROSSINGTON, GARY 16830 VENTURA BLVD #501 ENCINO, CA 91436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HABER, GARY 16830 VENTURA BLVD #501 ENCINO, CA 91436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAN ZANT, JOHNNY 4619 PLYMOUTH STREET JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POWELL, BILLY 16830 VENTURA BLVD #501 ENCINO, CA 91436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

000000722139  
05/02/07-80018-024 150.00

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: X Gary Haber CPA Date 05/02/07 Daytime Phone # 783-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR