

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J87394**

1. Entity Name  
A-OK JETS, INC.



Principal Place of Business  
% DAVID C. HARDIN  
500 E BROWARD BLVD, STE 1950  
FT. LAUDERDALE, FL 33394

Mailing Address  
% DAVID C. HARDIN  
500 E BROWARD BLVD, STE 1950  
FT. LAUDERDALE, FL 33394



03082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0246121 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HARDIN, DAVID C.  
500 E BROWARD BLVD, STE 1950  
FT. LAUDERDALE, FL 33394

**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, 2006 Fee will be \$550.00**

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

000000542685  
05/10/06 00106 022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE: DPS  
NAME: BAUR, THOMAS E.  
STREET ADDRESS: 1575 W. COMMERCIAL BLVD, HANGAR 38  
CITY-ST-ZIP: FT. LAUDERDALE, FL

TITLE: DVP  
NAME: BAUR, CINDY  
STREET ADDRESS: 1575 W. COMMERCIAL BLVD, HANGAR 38  
CITY-ST-ZIP: FT. LAUDERDALE, FL

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

**DO NOT WRITE  
IN THIS SPACE**

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 an other like empowered.

SIGNATURE: \_\_\_\_\_

4-26-06 954-772-4696