

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000004786

1. Entity Name
 OTTENDORF AVIATION, INC.



Principal Place of Business
 210 COUNTRY CIRCLE DR. W.
 PORT ORANGE, FL 32128 US

Mailing Address
 P.O. DRAWER 15110
 DAYTONA BEACH, FL 32115 US



04112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3369324 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DORAN, THEODORE R
 444 SEABREEZE BLVD STE 800
 DAYTONA BEACH, FL 32118

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP OTTENDORF, GEORGE H. 210 COUNTRY CIRCLE DRIVE W. PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OTTENDORF, ROBERT E. 16929 SOLANA LANE CANYON COUNTRY, CA 91351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OTTENDORF, JOHN B. 2203 RED FOX LANE CANYON COUNTRY, CA 91351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OTTENDORF, NANCY 210 COUNTRY CIRCLE DR., W PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/19/06-80073-017 150.00

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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: Nancy Ottendorf NANCY OTTENDORF ^{5/2/06} 386-461-8025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #