

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

|                                                                                    |         |                                                                                   |         |
|------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # S77931</b>                                                           |         |  |         |
| 1. Entity Name<br>FLY NORTH ADVENTURES, INC.                                       |         |                                                                                   |         |
| Principal Place of Business<br>104 WICKFORD STREET<br>SAFETY HARBOR FL 34695<br>US |         | Mailing Address<br>PO BOX 1555<br>SITKA AK 99835<br>US                            |         |
| 2. Principal Place of Business - No P.O. Box #                                     |         | 3. Mailing Address                                                                |         |
| Suite, Apt. #, etc.                                                                |         | Suite, Apt. #, etc.                                                               |         |
| City & State                                                                       |         | City & State                                                                      |         |
| Zip                                                                                | Country | Zip                                                                               | Country |



1st MOORE CR2E034 (10/06)

|                                                           |  |                                                                                 |  |
|-----------------------------------------------------------|--|---------------------------------------------------------------------------------|--|
| 4. FEI Number <b>59-3085253</b>                           |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> 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                         |  | 7. Name and Address of New Registered Agent                                              |  |
| VASH, DALE W.<br>501 EAST KENNEDY BLVD.<br>SUITE 1700<br>TAMPA FL 33602 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |

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**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS                         |                                                                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>TAYLOR, DOUGLAS<br>2202 SAWMILL CREEK RD. (PO BOX 1555)<br>SITKA AK 99835 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>TAYLOR, PEGGY C<br>2202 SAWMILL CREEK RD. (PO BOX 1555)<br>SITKA AK 99835 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

UD00000753528  
05/22/07-80024-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** D. S. Taylor Douglas Taylor 4/26/07 813 884 1766  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #