

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90028 042 ****61.25

DOCUMENT # N07000011566

1. Entity Name
NSBAIRPORTNOISE, INC.



Principal Place of Business
2250 CAPTAIN BUTLER TRAIL
NEW SMYRNA BEACH, FL 32168

Mailing Address
2250 CAPTAIN BUTLER TRAIL
NEW SMYRNA BEACH, FL 32168

40062833



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
26-1564133

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

Name RANDALL HITCHCOCK
Street Address (P.O. Box Number is Not Acceptable)

2250 CAPTAIN BUTLER TRAIL

City NEW SMYRNA BEACH FL Zip Code 32168

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 Randall Hitchcock

RANDALL HITCHCOCK

4/1/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HITCHCOCK, RANDALL
STREET ADDRESS 2250 CAPTAIN BUTLER TRAIL
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME CREWS, T. RANDOLPH
STREET ADDRESS 2250 CAPTAIN BUTLER TRAIL
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME RHATIGAN, CINDY
STREET ADDRESS 2250 CAPTAIN BUTLER TRAIL
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME PETRIE, KENNETH O JR
STREET ADDRESS 2250 CAPTAIN BUTLER TRAIL
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HILL, BECKY
STREET ADDRESS 2250 CAPTAIN BUTLER TRAIL
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE ☒ Change ☐ Addition
NAME SD
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/2008

386-416-9187

Date

Daytime Phone #