2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # 338333

1. Entity Name
FLY FOR FUN, INC.

Principal Place of Business	Mailing Address
1317 BAYSHORE DRIVE NICEVILLE, FL 32578	1317 BAYSHORE DRIVE NICEVILLE, FL 32578

04172006 No Chg P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1412985
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

O'KEEFE, TIMOTHY F JR
1317 BAYSHORE DR
NICEVILLE, FL 32578

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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	D
NAME	SEMENOV, MICHAEL
STREET ADDRESS	117 STAR DR.
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	DP
NAME	HOLLEY, JANERAL
STREET ADDRESS	31 MAPLE AVE.
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	D
NAME	GRAVES, DAVID K
STREET ADDRESS	1114 E JOHNSIMS PARKWAY
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	DST
NAME	O'KEEFE, TIMOTHY F., JR.
STREET ADDRESS	1317 BAYSHORE DR.
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	D
NAME	MICHALEC, WILLIAM T
STREET ADDRESS	5835 RUSHWOOD DRIVE
CITY-ST-ZIP	DUBLIN, OH 43017
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000522323
05/03/06-80026-001 150.00

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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: Timothy F. O'Keefe Jr. 4/17/06 850 678 8058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #