

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90250 001 *1,050.00

DOCUMENT # 343850 1. Entity Name FLYING BARON ESTATES, INC.	
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Principal Place of Business 31017 AIRWAY ROAD LEESBURG, FL 34748	Mailing Address 31017 AIRWAY ROAD LEESBURG, FL 34748
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66011901



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1286261	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCLIN, WALTER S. I
 1000 WEST MAIN STREET
 LEESBURG, FL 34748

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

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	DP PADGETT, KEITH 31017 AIRWAY RD. LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST KRIETE, JOHN 31017 AIRWAY RD LEESBURG, FL 34748
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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____