


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

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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DO NOT WRITE IN THIS SPACE



02192008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1286261	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCLIN, WALTER S. I 1000 WEST MAIN STREET LEESBURG, FL 34748
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000858375 04/02/08-00004-002 1050.00
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/08
Date Daytime Phone #