

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 393836	
1. Entity Name TALLAHASSEE BONANZA FLYERS, INC.	

Principal Place of Business 340 REMINGTON RUN LOOP TALLAHASSEE, FL 32312-1402	Mailing Address 340 REMINGTON RUN LOOP TALLAHASSEE, FL 32312-1402
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-P CR2ED34 (11/05)

4. FEI Number 59-1398820	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**COXEN, FORREST R
340 REMINGTON RUN LOOP
TALLAHASSEE, FL 32312**

**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.

FORREST R. COXEN
SECRETARY-TREASURER
APRIL 28, 2006

SIGNATURE *Forrest R. Coxen* DATE *APRIL 28, 2006*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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	05/13/06-80116-017 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COXEN, FORREST R. 340 REMINGTON RUN LOOP TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BENTLEY, CHRIS H. 2548 BLAIRSTONE PINES DR TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: *Forrest R. Coxen* FORREST R. COXEN, SECY-TREAS APR 28, 2006 (850) 385-3188

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