

**2006 FOR PROFIT CORPORATE  
ANNUAL REPORT**

**FILED**

**Jan 09, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # 474618**

1. Entity Name  
**GLOBE AERO LTD., INCORPORATED**



Principal Place of Business  
**3240 AIRFIELD DR. E., #1  
LAKELAND, FL 33811 US**

Mailing Address  
**P.O. BOX 5775  
LAKELAND, FL 33807-5775 US**



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1591495</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WALDMAN, DONNA  
3240 AIRFIELD DR. E., #1  
LAKELAND, FL 33811**

**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 \_\_\_\_\_  
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, 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	ST
NAME	WALDMAN, DONNA C
STREET ADDRESS	1054 SUGARTREE DR S
CITY-ST-ZIP	LAKELAND, FL
TITLE	PD
NAME	WALDMAN, PHILIP
STREET ADDRESS	1054 SUGARTREE DR S
CITY-ST-ZIP	LAKELAND, FL
TITLE	D
NAME	WALDMAN, DONNA C.
STREET ADDRESS	1054 SUGAR TREE DR SO
CITY-ST-ZIP	LAKELAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11000000378275  
01/10/06-80038-002 150.00

**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:** Donna C. Waldman DONNA C. WALDMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/06  
Date

(863) 644-2451  
Daytime Phone #