

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 646659

1. Entity Name
OPITZ AIRWAYS, INC.



Principal Place of Business
225 ORLANDO ROAD
BELLEAIR, FL 33756 US

Mailing Address
225 ORLANDO ROAD
BELLEAIR, FL 33756 US



02272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1955852

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OPITZ, REINHARD
225 ORLANDO ROAD
BELLEAIR, FL 33756

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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 PD
NAME OPITZ, REINHARD
STREET ADDRESS 225 ORLANDO ROAD
CITY-ST-ZIP BELLEAIR, FL 33756

TITLE VD
NAME OPITZ, CONSTANCE
STREET ADDRESS 225 ORLANDO ROAD
CITY-ST-ZIP BELLEAIR, FL 33756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/21/06-80069-016 150.00

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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

CONSTANCE OPITZ

Date

3/13/06

Daytime Phone #

727 586-8669