2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 766026 Secretary of State 1. Entity Name 02-09-2006 90023 040 ****61.25 FLORIDA LAKES AVIATION, INC. Principal Place of Business Mailing Address 05005 MAGNOLIA RIDGE RD FRUITLAND PARK FL 34731 05005 MAGNOLIA RIDGE RD. FRUITLAND PARK FL 34731 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-2179258 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KERTZ, JACOB Street Address (P.O. Box Number is Not Acceptable) 05005 MAGNOLIA RIDGE RD FRUITLAND PARK,, FL FL 34731 City Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 **\$5.00** May Be 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. . Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE TITLE Change Addition NAME ALLEN, ADAMS NAME STREET ADDRESS 10 S. OAK STREET STREET ADDRESS LEESBURG FL 34738 CITY - ST- 71P CITY - ST- 7IP TITLE ☐ Delete TITLE ☐ Change Addition KERTZ, JACOB D NAME STREET ADDRESS 05005 MAGNOLIA RIDGE STREET ADDRESS FRUITLAND PARK FL 34731 CITY-ST-ZIP CITY-ST-ZIP Addition DST Delete Change -TITLE TITLE Whith, John F Jr. 121 Griffin View Drive WHITT, JOHN F JR NAME NAME STREET ADDRESS 2208 SOUTH ST STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34748 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CSTY-ST-ZRP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

Feb 09, 2006 8:00 am

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:

Jacoh D. Kentz President 1/25-/06 3 5-2-728 9435

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