

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 766026

1. Entity Name

FLORIDA LAKES AVIATION, INC.



FILED
Jan 22, 2007 08:00 AM
Secretary of State

Principal Place of Business

05005 MAGNOLIA RIDGE RD.
FRUITLAND PARK FL 34731

Mailing Address

05005 MAGNOLIA RIDGE RD
FRUITLAND PARK FL 34731
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

4. FEI Number

59-2179258

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KERTZ, JACOB
05005 MAGNOLIA RIDGE RD
FRUITLAND PARK, FL FL 34731

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	ALLEN, ADAMS	
STREET ADDRESS	10 S. OAK STREET	
CITY-STATE-ZIP	LEESBURG FL 34738	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KERTZ, JACOB D	
STREET ADDRESS	05005 MAGNOLIA RIDGE	
CITY-STATE-ZIP	FRUITLAND PARK FL 34731	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WHITT, JOHN F JR	
STREET ADDRESS	121 GRIFFIN VIEW DR	
CITY-STATE-ZIP	LADY LAKE FL 32159	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000000598822	
STREET ADDRESS	01/25/07-80002-009 61.25	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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:

Jacob D. Kertz

JACOB D. KERTZ

1/19/07 352-728-4735