

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 02, 2007 08:00 AM  
Secretary of State

DOCUMENT # 819766

1. Entity Name

JAY FLYING SERVICE, INC.

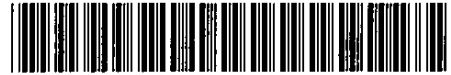


Principal Place of Business

3110 PINE LEVEL CHURCH RD  
JACKSONVILLE FL 32565

Mailing Address

3110 PINE LEVEL CHURCH RD  
JACKSONVILLE FL 32565



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

3110 Pine Level Church Rd.

3. Mailing Address

3110 Pine Level Church Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Jay, FL.

City & State

Jay FL

4. FEI Number

63-0510712

Applied For

Not Applicable

Zip

Country

32565

Santa Rosa

Zip

Country

32565

Santa Rosa

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

NELSON, JAMES W.  
3110 PINE LEVEL CHURCH RD  
JAY FL 32565

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 \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME NELSON, JAMES W.  
STREET ADDRESS 3110 PINE LEVEL CHURCH RD  
CITY- ST- ZIP JAY FL 32565

TITLE SD ☐ Delete  
NAME NELSON, BARBARA  
STREET ADDRESS 3110 PINE LEVEL CHURCH ROAD  
CITY- ST- ZIP JAY FL 32565

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
U00000686318  
04/09/07-80040-025 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- 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 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

Date

Daytime Phone