

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90370 022 \*\*\*150.00

**DOCUMENT # F00000001835**

1. Entity Name  
TBI AIRPORT MANAGEMENT, INC.



Principal Place of Business  
3212 RED CLEVELAND BLVD.  
SANFORD, FL 32773

Mailing Address  
3212 RED CLEVELAND BLVD.  
SANFORD, FL 32773

40050855



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262006

Chg-P

CR2E034 (11/05)

4. FEI Number

~~54-0307173~~ 51-0398175

Applied For

Not Applicable

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

ROBINSON, R. KEITH  
3212 RED CLEVELAND BLVD.  
SANFORD, FL 32773

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME GOULDTHORPE, LARRY  
STREET ADDRESS 3212 RED CLEVELAND BLVD.  
CITY-ST-ZIP SANFORD, FL 32773 ☐ Delete

TITLE AS  
NAME Ackley, David E  
STREET ADDRESS 3212 Red Cleveland Blvd.  
CITY-ST-ZIP Sanford, FL 32773 ☐ Change ☒ Addition

TITLE VD  
NAME GREEN, JOHN  
STREET ADDRESS 12700 SPINE RD., GATE E26  
CITY-ST-ZIP ATLANTA, GA 30320 ☐ Delete

TITLE ATFC  
NAME Fritz, Kimbra F.  
STREET ADDRESS 3212 Red Cleveland Blvd.  
CITY-ST-ZIP Sanford, FL 32773 ☐ Change ☒ Addition

TITLE D  
NAME BROOKS, KEITH  
STREET ADDRESS 159 NEW BOND STREET  
CITY-ST-ZIP LONDON W1Y 9PA ENGLAND, ☒ Delete

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

TITLE D  
NAME PRICE, CAROLINE  
STREET ADDRESS 159 NEW BOND STREET  
CITY-ST-ZIP LONDON W1Y 9PA ENGLAND, FL ☒ Delete

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

TITLE STD  
NAME ROBINSON, R. KEITH  
STREET ADDRESS 3212 RED CLEVELAND BLVD.  
CITY-ST-ZIP SANFORD, FL 32773 ☐ Delete

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

TITLE --  
NAME --  
STREET ADDRESS --  
CITY-ST-ZIP -- ☐ Delete

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

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

4/10/06

Date

407-585-4555

Daytime Phone #