


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000001835</b> 1. Entity Name TBI AIRPORT MANAGEMENT, INC.	
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Principal Place of Business  
3212 RED CLEVELAND BLVD.  
SANFORD, FL 32773

Mailing Address  
3212 RED CLEVELAND BLVD.  
SANFORD, FL 32773



02202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 51-0398175	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOULDTHORPE, LARRY 3212 RED CLEVELAND BLVD. SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREEN, JOHN 12700 SPINE RD., GATE E26 ATLANTA, GA 30320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ACKLEY, DAVID E 3212 RED CLEVELAND BLVD SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATFC FRITZ, KIMBRA F 3212 RED CLEVELAND BLVD SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROBINSON, R. KEITH 3212 RED CLEVELAND BLVD. SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000661646  
03/20/07-80049-006 150.00

**DO NOT WRITE  
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:**

*R. Keith Robinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/07

Date

407-585-4500

Daytime Phone #