


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

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
--	--

DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0398175	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	

U000000844955
03/13/08-80019-024 150.00

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* **R Keith Robinson** *2/20/08* *407-585-4500*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #