2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000000154 TN DELAWARE AIR CORP.



FILED Apr 24, 2007 08:00 AM Secretary of State

Principal Place of Business

9850 OVERSEAS HIGHWAY MARATHON, FL 33050

Mailing Address

11265 6TH AVE. MARATHON, FL 33050



DO NOT WRITE IN THIS SPACE

	rei Heir Beist Besit bei	11 BBIII BBIII BBIBI 11881 BII11 BIBIBS1 II IBB
03082007	No Chg-P	CR2E034 (11/05)

4. FEI Number Applied For 61-1357577 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

GLASS, GREGORY W 127 VENETIAN WAY ISLAMORADA, FL 33036

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 reinstating) DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST GOODWIN, PAUL J 11265 6TH AVE. MARATHON, FL 33050	::				

U00000727789 05/04/07-80062-014 150.od

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 managed exercises. With all other like empowered.

SIGNATURE:

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

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR