2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000006874

1. Entity Name
INTERNATIONAL AIR CARRIER INC.

Principal Place of Business
11497 COLUMBIA PARK DR., SUITE 7
JACKSONVILLE, FL 32258

Mailing Address
11497 COLUMBIA PARK DR., SUITE 7
JACKSONVILLE, FL 32258

DO NOT WRITE IN THIS SPACE

04272006 No Chg-P CR2E034 (11/05)

4. FEI Number
06-1760932
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PAPAGEORGE, JOHN
11497 COLUMBIA PARK DR., SUITE 7
JACKSONVILLE, FL 32258

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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

TITLE	P
NAME	PAPAGEORGE, SPYROS
STREET ADDRESS	11497 COLUMBIA PARK DR., SUITE 7
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	V
NAME	PAPAGEORGE, JOHN
STREET ADDRESS	11497 COLUMBIA PARK DR., SUITE 7
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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05/16/06-80020-014 150.00

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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 changed, or on an attachment with an address with the appropriate designation.

SPYROS PAPAGEORGE

SIGNATURE: _____ 4-28-06 954 803-1803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #