

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90028 047 ***550.00

DOCUMENT # F28801

1. Entity Name
NORTH CAPTIVA AIR, INC.



Principal Place of Business
**4346 HIDDEN RIVER ROAD
SARASOTA, FL 34240 US**

Mailing Address
**4346 HIDDEN RIVER ROAD
SARASOTA, FL 34240 US**

4010070



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-2087051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FETT, HAROLD J
4346 HIDDEN RIVER ROAD
SARASOTA, FL 34240**

7. Name and Address of New Registered Agent

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	COYNER, WALLACE	
STREET ADDRESS	4655 LUCE ROAD	
CITY-ST-ZIP	LAKELAND, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, DONNA G	
STREET ADDRESS	10270 SAGO PALM WAY	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	PD	<input type="checkbox"/> Delete
NAME	REED, RUSSELL N.	
STREET ADDRESS	833 MONTICELLO CT	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIKLAVCIC, JOSEPH	
STREET ADDRESS	PO BOX 419	
CITY-ST-ZIP	PINELAND, FL 33945	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKEE, WILLAM F	
STREET ADDRESS	2325 WOODLEY AVE	
CITY-ST-ZIP	LAKELAND, FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	PETR, ELAINE	
STREET ADDRESS	4346 HIDDEN RIVER ROAD	
CITY-ST-ZIP	SARASOTA, FL 34240	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELAINE FETT	
STREET ADDRESS	4346 HIDDEN RIVER RD	
CITY-ST-ZIP	SARASOTA FL 34240	

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

Date

Daytime Phone #