

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F67857

1. Entity Name
SHARED AIRPLANE, INC.



Principal Place of Business
C/O DONALD E PRIEST
3570 FOREST GLEN DR
PENSACOLA, FL 32504

Mailing Address
C/O DONALD E PRIEST
3570 FOREST GLEN DR
PENSACOLA, FL 32504



04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2181591

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STOUDENMIRE, STERLING FRANKLIN, III
953 GONDOLIER
GULF BREEZE, FL 32561

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SP
NAME	PRIEST, DONALD E
STREET ADDRESS	3570 FOREST GLEN DR
CITY-ST-ZIP	PENSACOLA, FL 00000
TITLE	T
NAME	FOLKERS, TOM
STREET ADDRESS	1208 SOUNDVIEW TRAIL
CITY-ST-ZIP	GULF BREEZE, FL
TITLE	V
NAME	STOUDENMIRE, STERLING
STREET ADDRESS	953 GONDOLIER
CITY-ST-ZIP	GULF BREEZE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/06/05 (850) 476-4271

Date

Daytime Phone #

DONALD E PRIEST