

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F67857

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: SHARED AIRPLANE, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

C/O JACK ROWELL  
316 SOUTH BAYLEN ST. SUITE 300  
PENSACOLA, FL 32502

## Current Mailing Address:

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

## New Mailing Address:

C/O JACK ROWELL  
316 SOUTH BAYLEN ST. SUITE 300  
PENSACOLA, FL 32502

FEI Number: 59-2181591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOLKERS, TOM  
2 FAIRPOINT PL  
GULF BREEZE, FL 32561 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ROWELL, JACK  
Address: 1011 BUSHWOOD DR  
City-St-Zip: CANTONMENT, FL 32533

Title: D (X) Delete  
Name: PRIEST, DONALD E  
Address: 3570 FOREST GLEN DR  
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete  
Name: FOLKERS, TOM  
Address: 2 FAIRPOINT PL  
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete  
Name: WEEKS, JR, W. J.  
Address: 3039 KEATS DRIVE  
City-St-Zip: PENSACOLA, FL 32503

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK ROWELL

D

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date