

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90189 001 ***150.00
01-31-2005 90189 002 *****8.75

DOCUMENT # F87551

1. Entity Name
GOING AIRE, INC.



Principal Place of Business

**5 BARRACUDA LANE
OCEAN REEF CLUB
NORTH KEY LARGO, FL 33037 US**

Mailing Address

**5 BARRACUDA LANE
OCEAN REEF CLUB
NORTH KEY LARGO, FL 33037 US**

660000670



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2199233

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOING, WILLIAM
29430 S.W. 182 AVENUE
HOMESTEAD, FL 33030**

**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 *William T. Going* **WILLIAM T. GOING** 1/21/05
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, 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	PD
NAME	GOING, WILLIAM
STREET ADDRESS	29430 SW 182 AVE
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	STD
NAME	GOING, RITA
STREET ADDRESS	29430 SW 182 AVE
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	VPD
NAME	GOING, DUANE
STREET ADDRESS	29430 SW 182 AVE
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	VPD
NAME	GOING, WILLIAM
STREET ADDRESS	29430 SW 182 AVE
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	PD
NAME	GOING, DUANE
STREET ADDRESS	17330 SW 299 ST
CITY-ST-ZIP	HOMESTEAD FL 33030
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 like empowered.

SIGNATURE: *William T. Going*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/05 305 367 2974
Date Daytime Phone #