

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90011 049 ***150.00

DOCUMENT # F94000000953			
1. Entity Name JET 1, INC.		Principal Place of Business 3096 TAMiami TRIal N STE 1 NAPLES, FL 34103 US	
Mailing Address 3096 TAMiami TRIal N STE 1 NAPLES, FL 34103 US		40099102	
2. Principal Place of Business - No P.O. Box # 750 11th STREET SOUTH Suite, Apt. #, etc. 202		3. Mailing Address 750 11th STREET SOUTH Suite, Apt. #, etc. 202	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34102 Country USA		Zip 34102 Country USA	
4. FEI Number 65-0452055		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04182008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent PHILLIPS, J. SCOTT 3096 TAMiami TRIal N NAPLES, FL 34103		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 750 11th STREET SOUTH Suite 202 City NAPLES FL Zip Code 34102	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME PHILLIPS, J. SCOTT STREET ADDRESS 3096 TAMiami TRIal N STE 1 CITY-ST-ZIP NAPLES, FL 34103	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 750 11th STREET SOUTH, Suite 202 CITY-ST-ZIP NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		J. SCOTT PHILLIPS, PRES 4/14/08 239-643-9700	