

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # H31966

1. Entity Name
SEBRING AIR CHARTER, INC.



Principal Place of Business
**4512 NW 43 TERRACE
TAMARAC, FL 33319**

Mailing Address
**4512 NW 43 TERRACE
TAMARAC, FL 33319**



03202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2551949

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEINGER, MISTY CPA
3440 HOLLYWOOD BLVD STE 450
HOLLYWOOD, FL 33021**

**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 _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000680460
04/03/07-80079-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEWART, GARY D.
STREET ADDRESS	P.O. BOX 371 N/A
CITY-ST-ZIP	SAN JOSE, COSTA RICA.
TITLE	PDS
NAME	NUNEZ, ELIZABETH
STREET ADDRESS	4512 NW 43RD TERRACE
CITY-ST-ZIP	TAMARAC, FL
TITLE	VC
NAME	MURRAY, CECIL A.
STREET ADDRESS	4512 NW 43RD TERRACE
CITY-ST-ZIP	TAMARAC, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

3/21/07

Date

Daytime Phone #