

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H51849

Entity Name: AIRPORT FLYERS, INC.

FILED  
Apr 22, 2009  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 49948  
SARASOTA, FL 342306948

## New Principal Place of Business:

ONE SOUTH SCHOOL AVENUE, SUITE 500  
SARASOTA, FL 34237

## Current Mailing Address:

P.O. BOX 49948  
SARASOTA, FL 342306948

## New Mailing Address:

ONE SOUTH SCHOOL AVENUE, SUITE 500  
SARASOTA, FL 34237

FEI Number: 59-2519367

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAND, DAVID S.  
C/O ABEL, BAND, RUSSELL, ET AL  
240 SOUTH PINEAPPLE AVE., 10TH FLOOR  
SARASOTA, FL 34236 US

## Name and Address of New Registered Agent:

BAND, DAVID S.  
ONE SOUTH SCHOOL AVENUE  
SUITE 500  
SARASOTA, FL 34237 US

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: DAVID S. BAND

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: BAND, DAVID S.  
Address: 240 PINEAPPLE AV, 10TH FL  
City-St-Zip: SARASOTA, FL

Title: DS ( ) Delete  
Name: KALIN, EDWARD L.  
Address: 5252 S. TAMiami TRAIL  
City-St-Zip: SARASOTA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: BAND, DAVID S.  
Address: ONE SOUTH SCHOOL AVENUE, SUITE 500  
City-St-Zip: SARASOTA, FL 34237

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: DAVID S. BAND

DPT

04/22/2009

Electronic Signature of Signing Officer or Director

Date