

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H72264

**FILED**  
**Apr 17, 2006**  
**Secretary of State**

**Entity Name:** FIRST LANDSEAIR TRAVEL SERVICE OF EUSTIS, INC.

**Current Principal Place of Business:**

1120 SOUTH BAY STREET  
EUSTIS, FL 32726

**New Principal Place of Business:**

**Current Mailing Address:**

1120 SOUTH BAY STREET  
EUSTIS, FL 32726

**New Mailing Address:**

FEI Number: 59-2593640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KAREN WOODS PARRISH  
43621 HWY 19  
ALTOONA, FL 32702 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: PD ( ) Delete  
Name: WOODS-PARRISH, KAREN,  
Address: 1120 SOUTH BAY STREET  
City-St-Zip: EUSTIS, FL 32726

Title: S ( ) Delete  
Name: BURNSD, NAN  
Address: 9585 SILVER LAKE DR  
City-St-Zip: LEESBURG, FL 34778

Title: T ( ) Delete  
Name: SHORE, WENDY S  
Address: 1803 BARBEDALL  
City-St-Zip: ADELPHI, MD 20783

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN WOODS PARRISH

PD

04/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date