

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H72264

FILED
Apr 29, 2008
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 (X)

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 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

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date