

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J28157**

1. Entity Name

CAROUSEL AIR, INC.



Principal Place of Business

% FANNIE HIPE  
345 NIEUPORT DRIVE  
VERO BEACH FL 32968

Mailing Address

% FANNIE HIPE  
345 NIEUPORT DRIVE  
VERO BEACH FL 32968



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

65-0047559

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIPE, PHILIP J.  
345 NIEUPORT DRIVE  
VERO BEACH FL 32968

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

8. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May B.  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME HIPE, PHILIP J.  
STREET ADDRESS 345 NIEUPORT DRIVE  
CITY- ST- ZIP VERO BEACH FL

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE STD ☐ Delete  
NAME HIPE, FANNIE  
STREET ADDRESS 345 NIEUPORT DRIVE  
CITY- ST- ZIP VERO BEACH FL

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Add  
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TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Handwritten Signature]* STA Fannie Hipe 2-14-06 888-888-348