


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # J79967 1. Entity Name FLIGHTSHOPS, INC.	
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Principal Place of Business 14402 AIRPORT PKWY ST PETERSBURG/CLEARWATER AIRPORT CLEARWATER, FL 33762-2900 US	Mailing Address 14402 AIRPORT PKWY ST PETERSBURG/CLEARWATER AIRPORT CLEARWATER, FL 33762-2900 US
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04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2812066	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GAGIANO, PAUL 14402 AIRPORT PKWY FLIGHTSHOP BLDG CLEARWATER, FL 33762-2900	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U000000944872
 05/29/08-80117-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAGLIANO, P 12156 6TH ST E TREASURE IS, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARNETT, T 11223 WHEELING DR TAMPA, FL 33625
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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: PAUL GAGLIANO 4/23/08 530-1415
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Overtime Phone #