



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # K46962 1. Entity Name COMMANDER AIRWAYS, INC.	
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Principal Place of Business 3770 AIRFIELD DRIVE WEST LAKELAND, FL 33811 US	Mailing Address C/O HANNA LEMAR NORRIS CPA'S 6508 E. FOWLER AVE TAMPA, FL 33602 US
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DO NOT WRITE IN THIS SPACE

	
02072005	No Chg-P CR2E034 (10/03)
4. FEI Number 65-0083458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OEHLER, HAROLD 6130 LAZY DAYS BLVD. TAMPA, FL 33606	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.

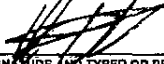
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WALLACE, DONALD W 6130 LAZY DAYS BLVD. SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FENTON, JOHN 3770 AIRFIELD DRIVE WEST LAKELAND, FL 33811
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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 exemption stated in Section 119.07(3)(f), 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: 	DONALD W. WALLACE	2-8-05	813-985-1143
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>