


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90405 027 \*\*\*150.00

<b>DOCUMENT # K46962</b>	
1. Entity Name <b>COMMANDER AIRWAYS, INC.</b>	

Principal Place of Business <b>3770 AIRFIELD DRIVE WEST LAKELAND, FL 33811 US</b>	Mailing Address <b>C/O HANNA LEMAR NORRIS CPA'S 6508 E. FOWLER AVE TAMPA, FL 33602 US</b>
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**50012498**



2. Principal Place of Business <b>4115 W. SPRUCE ST.</b>	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. <b>SUITE 106</b>	Suite, Apt. #, etc.
City & State <b>TAMPA, FL</b>	City & State
Zip <b>33607</b>	Country <b>USA</b>

02032006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent  <b>OEHLER, HAROLD 6130 LAZY DAYS BLVD. TAMPA, FL 33606</b>	
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7. Name and Address of New Registered Agent Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WALLACE, DONALD W 6130 LAZY DAYS BLVD. SEFFNER, FL 33584 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FENTON, JOHN 3770 AIRFIELD DRIVE WEST LAKELAND, FL 33811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4115 W. Spruce St., Suite 106 Tampa, FL 33607</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **John Fenton** 4/14/06 (813) 985-1148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #