


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90173 016 ****55.00

DOCUMENT # L02000031891													
1. Entity Name WALDO WRIGHT'S FLYING SERVICE, LLC													
Principal Place of Business 286 AUDUBON OAKS #3-106 LAKELAND, FL 33809			Mailing Address 1425 BRIARCLIFFE DR. POWELL, OH 43065										
2. Principal Place of Business 2058 BARFIELD		3. Mailing Address 2058 BARFIELD RD											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State POLK CITY, FL		City & State POLK CITY, FL		4. FEI Number 13-4226043									
Zip 33868		Country U.S.A.		Applied For Not Applicable									
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$5.00 Additional Fee Required											
6. Name and Address of Current Registered Agent ROBERT ALAN LOCK 286 AUDUBON OAKS #3-106 LAKELAND, FL 33809													
7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"> Name ROBERT ALAN LOCK </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Street Address (P.O. Box Number is Not Acceptable) 2058 BARFIELD RD </td> </tr> <tr> <td style="padding: 5px;"> City POLK CITY </td> <td style="padding: 5px;"> FL </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Zip Code 33868 </td> </tr> </table>						Name ROBERT ALAN LOCK		Street Address (P.O. Box Number is Not Acceptable) 2058 BARFIELD RD		City POLK CITY	FL	Zip Code 33868	
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Street Address (P.O. Box Number is Not Acceptable) 2058 BARFIELD RD													
City POLK CITY	FL												
Zip Code 33868													
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. <table style="width:100%;"> <tr> <td style="width:60%; padding: 5px;"> SIGNATURE <i>Robert A. Lock</i> </td> <td style="width:40%; padding: 5px;"> DATE 2/1/06 </td> </tr> </table>						SIGNATURE <i>Robert A. Lock</i>	DATE 2/1/06						
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<table style="width:100%;"> <tr> <td style="width:33%; padding: 5px;"> Filing Fee is \$50.00 Due by May 1, 2006 </td> <td style="width:33%; padding: 5px;"> Make check payable to Florida Department of State </td> <td style="width:34%; padding: 5px;"> </td> </tr> </table>						Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State						
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9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES										
TITLE MGR	NAME LOCK, ROBERT		TITLE	NAME									
STREET ADDRESS 286 AUDUBON OAKS, #3-106	CITY-ST-ZIP LAKELAND, FL 33809		STREET ADDRESS	CITY-ST-ZIP									
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition										
TITLE MGR	NAME STILL, VALERIE		TITLE	NAME									
STREET ADDRESS 286 AUDUBON OAKS, #3-106	CITY-ST-ZIP LAKELAND, FL 33809		STREET ADDRESS	CITY-ST-ZIP									
<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition										
TITLE	NAME		TITLE	NAME									
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP									
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition										
TITLE	NAME		TITLE	NAME									
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP									
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition										
TITLE	NAME		TITLE	NAME									
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP									
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition										
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.													
SIGNATURE: <i>Robert A. Lock</i>			DATE: 2/1/06										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DAYTIME PHONE # 863 899-8310										