

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 08:00 A
Secretary of State

DOCUMENT # L50996

1. Entity Name
THE WORLD'S GREATEST AIRCRAFT COLLECTION, INC.



Principal Place of Business

% KERMIT A. WEEKS
1400 BROADWAY BLVD., SE
POLK CITY, FL 33868 US

Mailing Address

% KERMIT A. WEEKS
1400 BROADWAY BLVD., S.E.
POLK CITY, FL 33868 US



05022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0170939

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEEKS, KERMIT A.
1400 BROADWAY BLVD., S.E.
POLK CITY, FL 33868

**DO NOT WRITE
IN THIS SPACE**

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)

U000000765085

05/31/07-80825-011 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEEKS, KERMIT A.
STREET ADDRESS	1400 BROADWAY BLVD SE
CITY-ST-ZIP	POLK CITY, FL
TITLE	PSTV
NAME	WEEKS, KERMIT A.
STREET ADDRESS	1400 BROADWAY BLVD SE
CITY-ST-ZIP	POLK CITY, FL
TITLE	VP
NAME	DOUTHIT, JESSE
STREET ADDRESS	1400 BROADWAY BLVD SE
CITY-ST-ZIP	POLK CITY, FL 33868
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(863)
05-116-07 984-3500