

2006
**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 28, 2006 8:00 am
Secretary of State

DOCUMENT# M 48175

1. Entity Name

OTT AVIATION, INC.



03-28-2006 90110 023 ***150.00

DO NOT WRITE IN THIS SPACE

40040193

2. Principal Place of Business

14850 NW. 44TH CT

Suite, Apt. #, etc.

249

3. Mailing Address

1851 THATCH PALM DR.

Suite, Apt. #, etc.

CR2E034B (8/05)

City & State

OPA LOCKA, FL

City & State

BOCA RATON, FL

4. FEI Number

59-2775712

Applied For

Not Applicable

Zip

33054

Country

Zip

33432

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

OTT, ROBERT C.

Street Address (P.O. Box Number is Not Acceptable)

1851 THATCH PALM

City

BOCA RATON

FL

Zip Code

33432

**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)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DPV
OTT, WILLIAM V.
57 SEABREEZE AVE.
DELRAY BEACH, FL. 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
OTT, ROBERT C.
1851 THATCH PALM DR.
BOCA RATON, FL 33432

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert C. Ott ROBERT C. OTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/06 561-338-6898

Date

Daytime Phone #