


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90375 049 ****61.25

DOCUMENT # N05000011547 1. Entity Name ALBERT WHITTED AIRFEST, INC.					
Principal Place of Business 1636 1ST AVENUE NORTH ST. PETERSBURG, FL 33713				Mailing Address 1636 1ST AVENUE NORTH ST. PETERSBURG, FL 33713	
2. Principal Place of Business - No P.O. Box # 107 8th Ave. S.E.		3. Mailing Address 107 8th Ave. S.E.			
Suite, Apt. #, etc. HANGAR 8		Suite, Apt. #, etc. HANGAR 8			
City & State St. Petersburg, FL		City & State St. Petersburg, FL			
Zip 33701-5032		Country USA		4. FEI Number APPLIED FOR 20-3790397	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GARRY L. POTTS, P.A. 13575 58TH STREET NORTH SUITE 126 CLEARWATER, FL 33760			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>Garry Potts, Secretary/Director</u> DATE <u>3/6/2007</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, JAMES D 522 RIVIERA BAY DRIVE ST. PETERSBURG, FL 33702	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steve Tolliver 1200 38th Ave. NE, St. Petersburg, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASTLE, RICHARD 220 11TH AVENUE N.E. ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Scanlon 2042 CAROLINA Ave. NE, St. Petersburg, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KUHNY, GLORIA 7932 SAILBOAT KEY BLVD. SOUTH PASADENA, FL 33707	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARRY POTTS 13575 58th St. NO. CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOWMAN, JOHN 1636 1ST AVENUE NORTH ST. PETERSBURG, FL 33713	<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	D CURETON, RICK 1233 DARLINGTON OAK CIRCLE NE ST. PETERSBURG, FL 33703	<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	D BROWN, CAL 124 BAY PLAZA TREASURE ISLAND, FL 33706	<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 617, 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: <u>Garry Potts, S/D</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/6/2007 727-538-4166 <small>Date Daytime Phone #</small>	

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