

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90019 012 ****61.25

40069736



04082008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-8407940 Applied For Not Applicable

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

DOCUMENT # N06000006026

1. Entity Name
TREASURE COAST SPORT FLYERS INC.



Principal Place of Business
2244 S. FEDERAL HWY
#156
STUART, FL 34996

Mailing Address
2244 S. FEDERAL HWY
#156
STUART, FL 34996

2. Principal Place of Business - No P.O. Box #
1065 E Dolphin Dr
Suite, Apt. #, etc.

3. Mailing Address
PO Box 1756
Suite, Apt. #, etc.

City & State
Stuart FL
Zip Country
34996 USA

City & State
Stuart FL
Zip Country
34995 USA

6. Name and Address of Current Registered Agent

KAISER, MICHAEL J
1065 E DOLPHIN DR.
STUART, FL 34996

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME KAISER, MICHAEL J
STREET ADDRESS 2244 S. FEDERAL HWY #156
CITY-ST-ZIP STUART, FL 34996 ☒ Delete

TITLE SEC
NAME KAISER, ELIZABETH C
STREET ADDRESS 2244 S. FEDERAL HWY #156
CITY-ST-ZIP STUART, FL 34996 ☒ Delete

TITLE TR
NAME KAISER, MICHAEL J
STREET ADDRESS 2244 S. FEDERAL HWY #156
CITY-ST-ZIP STUART, FL 34996 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE P
NAME McClure, Dean
STREET ADDRESS 13804 152th St. N
CITY-ST-ZIP Jupiter, FL 33478 ☐ Change ☒ Addition

TITLE V
NAME Kastorian, Doron
STREET ADDRESS 1135 19th St SW
CITY-ST-ZIP Vero Beach, FL 32962 ☐ Change ☒ Addition

TITLE S/T
NAME Kaiser, Michael J.
STREET ADDRESS 1065 E Dolphin Dr.
CITY-ST-ZIP Stuart, FL 34996 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Michael J. Kaiser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Kaiser

4/14/08

772 2197615

Date

Daytime Phone #