2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 24, 2005 8:00 am Secretary of State DOCUMENT # N93000001673 03-24-2005 90032 040 ****61.25 COLLIER FUN FLYERS INC. Principal Place of Business Mailing Address 707 96TH AVE NORTH NAPLES FL 34108 US 751 39TH AVE NE NAPLES FL 34120 3. Mailing Address AVASSA LANE 2. Principal Place of Business Suite, Apt. #, etc. NAPLES 1st MOORE CR2E037 (10/04) City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GA++ONE WIELAND, CHRIS 788 HULL COURT NAPLES FL 33937 8. The above named entity submills 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 age TONY GATTONE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SECRETARY ☐ Addition TITLE Detete TITLE 1 Change BARNES, WALT BARNES, WALT NAME NAME 6928 BURNT SIENNA CIR STREET ADDRESS STREET ADDRESS NAPLES FL 34109 CITY-ST-ZIP CITY-ST-ZIP Detete TITLE Change Addition NEUGENT, WILLIAM NAME 707-B 96TH ST N STREET ADDRESS STREET ADDRESS NAPLES FL 34108 CITY-ST-7(P CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition GATTONE, TONY GATTONE, TONY NAME NAME 4675 NAVASSA LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34119 CITY-ST-ZIP PRESIDENT MOSKACY, MIKE Change ☐ Addition ☐ Defete MOSKALY, MIKE NAME **2595 KENT DR** STREET ADDRESS STREET ADDRESS NAPLES FL 34112 CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change WAGNER, DONALD NAME NAME 2621 WHITE CENTER LN. STREET ADDRESS STREET ADDRESS NAPLES FL 34109 CITY-ST-ZIP CITY-ST-ZIP Defete THILE ☐ Change ☐ Addition T(T) F MOSKALY, MIKE NAME NAME 3595 KENT DR STREET ADDRESS STREET ADDRESS NAPLES FL 34112 CITY-ST-ZIP CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address (Airly fill) other like empowered.

SIGNATURE: _

TONY GA++0NE 3/8/05 239 254-1099
ECTOR Date Date Daytime Phone #

FILED