


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

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90200 028 ****61.25

DOCUMENT # N93000004480					
1. Entity Name YE MYSTIC AIRKREWE, INC.					
Principal Place of Business 3221 W DELEON ST TAMPA FL 33609 US			Mailing Address 3221 W DELEON ST TAMPA FL 33609 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NO-T APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VAIL, BEVERLY O 3221 W DELEON ST TAMPA FL 33609				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	P	<input type="checkbox"/> Delete	TITLE	GRAY SAMPLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLEWSKI, LARRY		NAME	3603 LIGHTNER DR.	
STREET ADDRESS	18905 CHAVILLE RD		STREET ADDRESS	TAMPA, FL 33629	
CITY-ST-ZIP	LUTZ FL 33558		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	CHRIS HERMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBER, BARBARA		NAME	28733 MIDNIGHT STAR LOOP	
STREET ADDRESS	1415 BEACH CLUB LANE		STREET ADDRESS	WESLEY CHAPEL, FL 33543	
CITY-ST-ZIP	APOLLO BEACH FL 33572		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	Uma Bradd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURLEY, CAMILLE		NAME	1428 W. TERMINO ST	
STREET ADDRESS	7103 SILVERMILL DR		STREET ADDRESS	TAMPA, FL 33612	
CITY-ST-ZIP	TAMPA FL 33635		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVA-VAIL, BEVERLY O		NAME		
STREET ADDRESS	3221 W DELEON ST		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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, with all other like empowered.					
SIGNATURE: <i>Beverly Oliva Vail</i>			2/21/05 813-276-5464		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		