

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000006044

1. Entity Name
CRAIG FIELD EXECUTIVE HANGARS, INC.



Principal Place of Business
**855-7 ST JOHNS BLUFF RD N
JACKSONVILLE, FL 32225**

Mailing Address
**P.O. BOX 2947
JACKSONVILLE, FL 32203 US**



03122006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3381042

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCARTHY, EDWARD III
1301 RIVERPLACE BLVD
JACKSONVILLE, FL 32207**

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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 of application. (NOTE: Registered Agent Signature required when reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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	DV HAYES, BILL 11835 HIDDEN HILLS DR S JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY ST ZIP	DP DUDLEY, A T 1010 EAST ADAMS STREET JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY ST ZIP	DS BAY, HARRY 1125 NICHOLSON RD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY ST ZIP	DV WEANER, JOEL 11904 WALLE DR. JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY ST ZIP	DV CLYNE, PATRICK 1210 OCEAN FRONT NEPTUNE BEACH, FL 32266
TITLE NAME STREET ADDRESS CITY ST ZIP	DT BLOUNT, RICHARD W 2304 SHIPWRECK CIRCLE W JACKSONVILLE, FL 32224

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03/24/06-00013-002 61.25

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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: *A Thomas Dudley*
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

3/12/06 904 354-0372