

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90223 016 ****61.25

DOCUMENT # N97000004107

1. Entity Name
WRIGHT FLIGHT OF FLORIDA, INC.



Principal Place of Business
2890 BOOMAN CT.
DAYTONA BEACH, FL 32128

Mailing Address
2890 BOOMAN CT.
DAYTONA BEACH, FL 32128

50052235



2. Principal Place of Business
2890 BORMAN CT
Suite, Apt. #, etc.

3. Mailing Address
2890 BORMAN CT
Suite, Apt. #, etc.

05112005 Chg-NP CR2E037 (10/03)

City & State
PORT ORANGE, FL
Zip **32128** Country **USA**

City & State
PORT ORANGE, FL
Zip **32128** Country **USA**

4. FEI Number
59-3468223
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, ANNE T
3700 SOUTH OCEAN BLVD
#607
HIGHLAND BEACH, FL 33487

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 renewing)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

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 **DP** ☒ Delete
NAME **CUMMOCK, DAVID R**
STREET ADDRESS **2890 BOOMAN CT.**
CITY-ST-ZIP **DAYTONA BEACH, FL 32128**

TITLE **DT** ☒ Delete
NAME **CUMMOCK, MARGURITA H**
STREET ADDRESS **2890 BOOMAN CT.**
CITY-ST-ZIP **PORT ORANGE, FL 32128**

TITLE **DS** ☒ Delete
NAME **PEGGY, ROBERT**
STREET ADDRESS **55 CUNNINGHAM DR.**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
NAME **CUMMOCK, DAVID R**
STREET ADDRESS **2890 BORMAN CT**
CITY-ST-ZIP **PORT ORANGE, FL 32128**

TITLE **DT** ☒ Change ☐ Addition
NAME **CUMMOCK, MARGUERITE H.**
STREET ADDRESS **2890 BORMAN CT**
CITY-ST-ZIP **PORT ORANGE, FL 32128**

TITLE **DS** ☒ Change ☐ Addition
NAME **PERRY, ROBERT**
STREET ADDRESS **55 CUNNINGHAM DR**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 May 2005

386-760-7142

Date

Daytime Phone #