


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000005200		
1. Entity Name FLORIDA JET FLYERS, INC.		
Principal Place of Business	Mailing Address	
3303 KILMER DR LAKELAND, FL 33807	P. O. BOX 5335 LAKELAND, FL 33807	



01122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

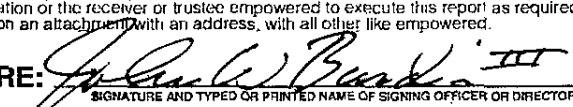
4. FEI Number 59-3480707	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE
BURDIN, JOHN 3303 KILMER DR. LAKELAND, FL 33807		

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	(NOTE: Registered Agent signature required when reinstating)	DATE

Filing 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
---	--

10. OFFICERS AND DIRECTORS		<p>U00000259721 03/11/05-80036-006 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BURDIN, JOHN 2020 EDGEWOOD DRIVE #57 LAKELAND, FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD JAWORSKI, STEVE 2109 E. SANDALWOOD DRIVE PLANT CITY, FL 33566	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANNER, JOHN 512 PRINCESS PL LAKELAND, FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: 	03/09/05	863 648 9933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		