

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P00000015047

1. Entity Name

VIKING FLIGHT OPERATIONS, INC.



**FILED
Feb 13, 2006 8:00 am
Secretary of State**

02-13-2006 90013 033 ***150.00



1st MOORE CR2E034 (10/05)

Principal Place of Business		Mailing Address	
418 BARTOW MUNICIPAL AIRPORT BARTOW FL 33830		418 BARTOW MUNICIPAL AIRPORT BARTOW FL 33830	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JACOBSON, ROBERT C 418 BARTOW MUNICIPAL AIRPORT BARTOW FL 33830		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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JACOBSON, ROBERT C 1456 GRAND CAYMAN CIRCLE WINTER HAVEN FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 1202 GREY FOX HOLLOW DR WINTER HAVEN, FL 33880
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JACOBSON, CHRISTINE L 1456 GRAND CAYMAN CIRCLE WINTER HAVEN FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 1202 GREY FOX HOLLOW DR WINTER HAVEN, FL 33880
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBSON, R CHRISTOPHER 10147 WEST 100TH COURT BROOMFIELD CO 80021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 3191 WESTWOOD CT BOULDER, CO 80304
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBSON, TYLER D 8749 W. CORNELL #12 LAKEWOOD CO 80227	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, DOUGLAS A 4601 GATLIN OAKS LN ORLANDO FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: Robert C. Jacobson PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.30.06 863.533.1575

Date

Daytime Phone #