

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-13-2006 90013 033 ***150.00

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1. Entity Name

VIKING FLIGHT OPERATIONS, INC.



Principal Place of Business

418 BARTOW MUNICIPAL AIRPORT
BARTOW FL 33830

Mailing Address

418 BARTOW MUNICIPAL AIRPORT
BARTOW FL 33830



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-3628626

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

TITLE PTD ☐ Delete
NAME JACOBSON, ROBERT C
STREET ADDRESS 1456 GRAND CAYMAN CIRCLE
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE VSD ☐ Delete
NAME JACOBSON, CHRISTINE L
STREET ADDRESS 1456 GRAND CAYMAN CIRCLE
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE D ☐ Delete
NAME JACOBSON, R CHRISTOPHER
STREET ADDRESS 10147 WEST 100TH COURT
CITY-ST-ZIP BROOMFIELD CO 80021

TITLE D ☐ Delete
NAME JACOBSON, TYLER D
STREET ADDRESS 8749 W. CORNELL #12
CITY-ST-ZIP LAKEWOOD CO 80227

TITLE D ☐ Delete
NAME FISHER, DOUGLAS A
STREET ADDRESS 4601 GATLIN OAKS LN
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1202 GREY FOX HOLLOW DR
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1202 GREY FOX HOLLOW DR
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3191 WESTWOOD CT
CITY-ST-ZIP BOULDER, CO 80304

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 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

1.30.06

863.533.1575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #