

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90015 030 ***150.00

DOCUMENT # P00000033713 1. Entity Name AIRPORT CONSULTING, INC.					
Principal Place of Business 4100 CRYSTAL LAKE DR., #403 POMPANO BCH, FL 33064			Mailing Address 4100 CRYSTAL LAKE DR., #403 POMPANO BCH, FL 33064		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02212006 Chg-P CR2E034 (11/05)	
4. FEI Number 65-0999224				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PORTER, SHARON A 4100 CRYSTAL LAKE DR., #403 POMPANO BCH, FL 33064			7. Name and Address of New Registered Agent Name <u>BURCHELL, SHARON A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>4100 CRYSTAL LAKE DR. #403</u> <u>POMPANO BEACH, FL 33064</u> City <u>FL</u> Zip Code <u>33064</u>		
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 <u>SHARON A. PORTER</u> <u>Sharon A. Porter</u> <u>2/27/06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	DP PORTER, SHARON A 4100 CRYSTAL LAKE DR., #403 POMPANO BCH, FL 33064		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BURCHELL, SHARON A. 4100 CRYSTAL LAKE DR. # 403 POMPANO BEACH, FL 33064	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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 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: <u>Sharon A. Porter</u> TO: <u>2/27/06</u> <u>954-782-9832</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

Sharon A. Burchell