

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000117572

1. Entity Name
SEMINOLE AIRCRAFT, INC.



Principal Place of Business
3020 N. MILITARY TRAIL, STE. 100
BOCA RATON, FL 33431

Mailing Address
3020 N. MILITARY TRAIL, STE. 100
BOCA RATON, FL 33431

FILED
Apr 10, 2006 08:00 AM
Secretary of State



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1064862

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SERGEANT, HARRY
3020 N MILITARY TR, STE 100
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

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**

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

1100000501143
04/25/06-80051-002 158.75

10. OFFICERS AND DIRECTORS

TITLE D
NAME SARGEANT, HARRY
STREET ADDRESS 3020 N. MILITARY TRAIL, STE. 100
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D
NAME SARGEANT, JANET
STREET ADDRESS 3020 N. MILITARY TRAIL, STE. 100
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06 561-999-9916
Date Daytime Phone #