


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000021434	
1. Entity Name CHEYANNE AIR, INC.	

Principal Place of Business 3681 SOUTH ROAD NORTH FORT MYERS, FL 33917	Mailing Address 3681 SOUTH ROAD NORTH FORT MYERS, FL 33917
--	--

DO NOT WRITE IN THIS SPACE



04232005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1079928	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

CLEGG SKIPPER, ANITA 5601 8TH STREET W SUITE 2 LEHIGH ACRES, FL 33971
--

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVPT WALDRON, NEWTON 3681 SOUTH ROAD NORTH FORT MYERS BEACH, FL 33917
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WALDRON, JUNE 3681 SOUTH RD. NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000360851
05/05/05-80053-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Newton Waldron Date: 5/4/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #