

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000033443

1. Entity Name
TAMPA BAY AIRCRAFT SALES, INC.



Principal Place of Business
**14421 AIRPORT PARKWAY
CLEARWATER, FL 33762-2902 US**

Mailing Address
**600 PACKARD COURT
SAFETY HARBOR, FL 34695 US**



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3711481** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARLSON, EDWARD D
250 BELCHER ROAD NORTH
SUITE 102
CLEARWATER, FL 33765**

**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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **HELMS, DANNY**
STREET ADDRESS **14421 AIRPORT PARKWAY**
CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE **D**
NAME **BOUGHTON, SIDNEY**
STREET ADDRESS **14421 AIRPORT PARKWAY**
CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE **V**
NAME **JACOBSEN, WILLIAM R**
STREET ADDRESS **14421 AIRPORT PARKWAY**
CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE **D**
NAME **JACOBSEN, WILLIAM R**
STREET ADDRESS **14421 AIRPORT PARKWAY**
CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000435316
02/25/06-80037-006 150.00

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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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sid Boughton 2-10-06 727-706-1138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #