## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

changed, or on an attaching

SIGNATURE:

nt with an address, with all other like empowered

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jan 30, 2006 8:00 am Secretary of State DOCUMENT # P01000069704 01-30-2006 90046 014 \*\*\*150.00 WEST BAY AIRCRAFT, INC. Principal Place of Business Mailing Address **2639 LISENBY AVE 2639 LISENBY AVE** SUITE B SUITE R PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FFI Number 59-3748319 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HESTER, CHRISTOPHER J. Street Address (P.O. Box Number is Not Acceptable) 2502 W 10TH ST #B PANAMA CITY, FL 32401 City Zip Code 18. 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. HESTER, Christophen J Actange 231 FOX, AVE NPV ☐ Delete ☐ Addition HESTER, CHRISTOPHER J NAME NAME STREET ADDRESS 2502 W 10TH ST #B STREET ADDRESS anoma City FL 32404 CHY-ST-ZIP PANAMA CITY, FL 32401 CITY-ST-ZIP TITLE ☐ Delete TITLE **⚠** Change STER, ALESIA M Addition HESTER, ALESIA M NAME NAME 231 FOX AUE STREET ADDRESS 2502 W 10TH ST #B STREET ADDRESS GONAMA CITY FL32404 CITY-ST-ZIP PANAMA CITY, FL 32401 CITY-ST-ZIP TITLE ☐ Detete TILLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-S1-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

**FILED**