

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000077885

Entity Name: SIESTA AVIATION, INC.

FILED  
Apr 20, 2005  
Secretary of State

**Current Principal Place of Business:**

2000 WEBBER STREET  
SARASOTA, FL 34239

**New Principal Place of Business:**

1517 STATE STREET  
#203  
SARASOTA, FL 34236

**Current Mailing Address:**

2000 WEBBER STREET  
SARASOTA, FL 34239

**New Mailing Address:**

1517 STATE STREET #203  
ATTN: CRAIG ADAMS  
SARASOTA, FL 34236

FEI Number: 90-0017124

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VOIGT, STEPHEN F  
VOIGT & VOIGT, P.A.  
2042 BEE RIDGE ROAD  
SARASOTA, FL 34239 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ADAMS, CRAIG R  
Address: 763 TROPICAL CIRCLE  
City-St-Zip: SARASOTA, FL 34242

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ADAMS, CRAIG R  
Address: 1517 STATE STREET  
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R CRAIG ADAMSS

P

04/20/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date