


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000121031 1. Entity Name FLIGHTLINE OF SANFORD, INC.	
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Principal Place of Business 125 MONROE ROAD SANFORD, FL 32771	Mailing Address 125 MONROE ROAD SANFORD, FL 32771
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DO NOT WRITE IN THIS SPACE



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0554627	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 SMITH, ANNE S 11104 PLANTATION LAKES CIRCLE SANFORD, FL 32771
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**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 <u>Anne S. Smith</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<u>03-11-05</u> <small>DATE</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, ANNE S 11104 PLANTATION LAKE CIR SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SMITH, DAN J III 380 MORNING GLORY DR LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/14/05-80039-006 150.00

**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: <u>Anne S. Smith</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>03-11-05</u> Date	<u>407 330 7655</u> Daytime Phone #
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ANNE S. SMITH