

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000000801

1. Entity Name
ISLAND CITY AIR, INC.



FILED
Jan 25, 2007 08:00 AM
Secretary of State

Principal Place of Business
**10850 S.W. 65TH PLACE
CEDAR KEY, FL 32625**

Mailing Address
**P.O. BOX 522
CADAR KEY, FL 32625**



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0005534

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SANDERS, FAYE CPA
161 N MAIN ST
WILLISTON, FL 32696**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	WYROSDICK, WILLIAM L JR
STREET ADDRESS	10850 SW 65TH PL
CITY-ST-ZIP	CEDAR KEY, FL 32625

TITLE	DT
NAME	KIRKLAND, WANDA F
STREET ADDRESS	10850 SW 65TH PL
CITY-ST-ZIP	CEDAR KEY, FL 32625

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/07-80083-023 150.00

**DO NOT WRITE
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William Wyrosdick Jr **William L. Wyrosdick Jr** Jan. 24, 2007 (352) 538-4384