

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90198 005 ***150.00

DOCUMENT # P02000000801

1. Entity Name
ISLAND CITY AIR, INC.



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

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

60003117



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CEDAR KEY, FL

Zip

Country

Zip

Country

04252008

Chg-P

CR2E034 (12/06)

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

14342 SANHATCHEE ST.

City

CLERMONT

FL

Zip Code
34711

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

Faye Sanders CPA

4/26/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when restateing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

William Wyrosdick **William Wyrosdick**

4/26/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #