

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000019640

1. Entity Name
AIRBORNE LOBSTERS INC.



Principal Place of Business
**1515 RIDGEWOOD EDGEWATER AVE.
EDGEWATER, FL 32132**

Mailing Address
**1515 RIDGEWOOD EDGEWATER AVE.
EDGEWATER, FL 32132**

FILED

07 SEP 19 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JS



07192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WAKSNIS, LEONARD A
1515 RIDGEWOOD AVE.
EDGEWATER, FL 32132**

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, JANE 3023 PINE TREE DR. EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HUNTUBISE, THOMAS G RD. #5 SUNSET RD., HIGHLAND LAKE FALMOUTH, ME 04105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

300109660803
09/19/07--01048--014 **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 #

9-13-07 396-4982222