
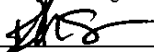



FILED
May 02, 2005 8:00 am
Secretary of State

50045833

DOCUMENT # P02000059018				05-02-2005 90526 018 ***150.00	
1. Entity Name DAVE'S SOUTHERN FLIGHT, INC.					
Principal Place of Business 312 LINCOLN AVE NEW SMYRNA BEACH, FL 32169-2538		Mailing Address 312 LINCOLN AVE NEW SMYRNA BEACH, FL 32169-2538			
2. Principal Place of Business 316 ESTHER STREET		3. Mailing Address 316 ESTHER STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NEW SMYRNA BEACH, FL		City & State NEW SMYRNA BEACH, FL		4. FEI Number 01-0700164	
Zip 32169		Country VOLUSIA		Applied For Not Applicable	
Zip 32169		Country VOLUSIA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACHESON, DAVID R 312 LINCOLN AVE NEW SMYRNA BEACH, FL 32169-2538				7. Name and Address of New Registered Agent Name DAVID R ACHESON Street Address (P.O. Box Number is Not Acceptable) 316 ESTHER STREET City NEW SMYRNA BEACH FL 32169	
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, the registered agent.					
SIGNATURE  David R. Acheson 4-30-2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ACHESON, DAVID R 312 LINCOLN AVE NEW SMYRNA BEACH, FL 321692538	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD David R. Acheson 316 ESTHER ST NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		DAVID R ACHESON 4-30-2005 (407) 701-8351			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			