

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90020 016 ***150.00

DOCUMENT # P02000071032 1. Entity Name SUTTON AIR SERVICES, INC.					
Principal Place of Business 1110 NE PINE ISLAND RD #13 CAPE CORAL, FL 33909			Mailing Address 1110 NE PINE ISLAND RD #13 CAPE CORAL, FL 33909		
2. Principal Place of Business - No P.O. Box # 1910 42nd St NW		3. Mailing Address 1910 42nd St NW			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Winter Haven FL		City & State Winter Haven FL		4. FEI Number 27-0017971	
Zip 33881		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUTTON, NEIL 609 SW 22ND STREET CAPE CORAL, FL 33991			7. Name and Address of New Registered Agent Name NEIL SUTTON Street Address (P.O. Box Number is Not Acceptable) 1910 42nd St NW City Winter Haven FL Zip Code 33881		
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><i>Neil Sutton</i></u> DATE <u>1/10/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P SUTTON, LAURA 609 SW 22ND STREET CAPE CORAL, FL 33991	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUTTON, NEIL JR. 609 SW 22ND STREET CAPE CORAL, FL 33991	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAURA SUTTON 1910 42nd St NW Winter Haven, FL 33881	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEIL SUTTON 1910 42nd St NW Winter Haven FL 33881	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Neil Sutton</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/10/07</u> Daytime Phone # <u>83965-8477</u>		