


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90113 005 ***150.00

DOCUMENT # P04000007483 1. Entity Name FLORIDA INTERNATIONAL AIRPORT INC.		
Principal Place of Business 103 SOUTH NINTH AVE WAUCHULA, FL 33873		Mailing Address 103 SOUTH NINTH AVE WAUCHULA, FL 33873
2. Principal Place of Business - no P.O. box # 111 2ND AVE NE Suite, Apt. #, etc. SUITE 900 City & State ST. PETERSBURG, FL Zip 33701 Country USA	3. Mailing Address 111 2ND AVE NE Suite, Apt. #, etc. SUITE 900 City & State ST. PETERSBURG, FL Zip 33701 Country USA	4. FEI Number 20-0599251 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent NP&I SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
7. Name and Address of New Registered Agent Name REED, JOHN W Street Address (P.O. Box Number is Not Acceptable) 111 2ND AVE NE SUITE 900 City ST PETERSBURG FL Zip Code 33701		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>John W Reed</u> <u>John W Reed</u> <u>4/30/08</u>
FILE NOW!!! FEE IS \$150.00 After May 3, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. ADDITIONAL INFORMATION TO BE CHANGED OR ADDED TO CURRENT AND PREVIOUS RETURNS TITLE: P NAME: REED, JOHN W <input checked="" type="checkbox"/> Delete STREET ADDRESS: 103 SOUTH NINTH AVE CITY-STATE-ZIP: WAUCHULA, FL 33873 TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Delete STREET ADDRESS: <input type="checkbox"/> Delete CITY-STATE-ZIP: <input type="checkbox"/> Delete TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Delete STREET ADDRESS: <input type="checkbox"/> Delete CITY-STATE-ZIP: <input type="checkbox"/> Delete TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Delete STREET ADDRESS: <input type="checkbox"/> Delete CITY-STATE-ZIP: <input type="checkbox"/> Delete	ADDITIONAL INFORMATION TO BE CHANGED OR ADDED TO CURRENT AND PREVIOUS RETURNS TITLE: MGRM NAME: REED, JOHN W <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: 111 2ND AVE NE SUITE 900 CITY-STATE-ZIP: ST, PETERSBURG, FL 33701 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-STATE-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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information included on this report or supplemental reports are true and accurate and that my signature and name on the 30-day legal notices I 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 of the report.		
SIGNATURE: <u>John W Reed</u> <u>John W Reed</u> <u>4/30/08</u> <u>727 895,5122</u>		