


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

2/1

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90027 016 \*\*\*150.00

<b>DOCUMENT # P04000069895</b>			
1. Entity Name <b>HAIRPORT LANDING INC</b>			
Principal Place of Business <b>10141 OLD ST. AUGUSTINE RD. 3RD FLOOR JACKSONVILLE, FL 32257 US</b>		Mailing Address <del>8417 FRONTERA CIR</del> <del>JACKSONVILLE, FL 32217 US</del>	
2. Principal Place of Business		3. Mailing Address <b>10275 ST. AUG. RD.</b>	
Suite, Apt. #, etc. <b>Same</b>		Suite, Apt. #, etc. <b># 615</b>	
City & State <b>JACKSONVILLE FL</b>		City & State <b>JACKSONVILLE FL</b>	
Zip <b>32257</b>	Country <b>U.S.A</b>	4. FEI Number <b>65-1224377</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>PERRY, AMY L 13997 CRESTWICK DR. W. JACKSONVILLE, FL 32214</b>		7. Name and Address of New Registered Agent Name <b>LINDA A. VOELTZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>10275 ST. AUGUSTINE RD # 615</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32257</b>	
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 <i>Linda Voeltz</i> DATE <b>2/6/06</b> <small>Signature, typed or printed name of registered agent and date acceptable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		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	President, V.P., Sec. <input type="checkbox"/> Delete <b>Linda Voeltz 10275 St. Augustine Rd #615 Jax. FL 32257</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" 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
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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 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: <i>Linda Voeltz</i>		DATE: <b>2/6/06</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



ATTACHMENT

66003541

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2006

HAIRPORT LANDING INC  
1027 ST AUG RD 615  
JACKSONVILLE, FL 32257 US

Subject: HAIRPORT LANDING INC

Reference Number: P04000069895

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH  
ANNUAL REPORTS SECTION

Corrections  
made. Please  
review.  
Thank you!

P.O. BOX 6327 - Tallahassee, Florida 32314