


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90021 050 ***150.00

DOCUMENT # P04000069895			
1. Entity Name HAIRPORT LANDING INC			
Principal Place of Business 10141 OLD ST. AUGUSTINE RD. 3RD FLOOR JACKSONVILLE FL 32257 US		Mailing Address 10275 ST. AUGUSTINE RD #615 JACKSONVILLE FL 32257 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 10275 St Augustine Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Apt 1113	
City & State		City & State Jacksonville, FLA.	
Zip	Country	Zip	Country
32257		32257	
4. FEI Number 65-1224377		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 VOELTZ, LINDA A 10275 ST. AUGUSTINE RD #615-1113 JACKSONVILLE FL 32257		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>Linda A Voeltz</i></u> DATE <u><i>3/30/08</i></u> <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	PVS VOELTZ, LINDA 10275 ST. AUGUSTINE RD #615 JACKSONVILLE FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Linda A Voeltz</i></u> LINDA.A. VOELTZ,		<u><i>3/30/08</i></u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	