


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000116396	
1. Entity Name MOST WANTED AIR, INC.	

Principal Place of Business 13830 SW 16TH DR OKEECHOBEE, FL 34974	Mailing Address 13830 SW 16TH DR OKEECHOBEE, FL 34974
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03102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1524520	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent SMYTHE, FRANK W 7648 SE BAY CEDAR CIRCLE HOBE SOUND, FL 33455

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMYTHE, SCOTT A 13830 SW 16TH DR OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMYTHE, LISA M 13830 SW 16TH DR OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMYTHE, FRANK W 7648 SE BAY CEDAR CIRCLE HOBE SOUND, FL 33455
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03/29/06-80030-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Frank Smythe Lisa Smythe* 3-15-06 863 467 9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #