


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90046 027 ***150.00

DOCUMENT # P04000123171	
1. Entity Name SOUTHEAST AIRCRAFT CHARTER, INC.	

Principal Place of Business 3627 N.W. 33RD TERRACE GAINESVILLE, FL 32605 US	Mailing Address 3627 N.W. 33RD TERRACE GAINESVILLE, FL 32605 US
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2. Principal Place of Business Suite, Apt. #, etc. 3950 NE 48th Avenue City & State Gainesville, FL Zip 32609 Country Alachua	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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03052005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1618915	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 ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN STREET SUITE 2400 TAMPA, FL 33602	
7. Name and Address of New Registered Agent Name Carolyn L. Bomberger Street Address (P.O. Box Number is Not Acceptable) 3627 NW 33rd Terrace Gainesville, FL City FL Zip Code 32605	

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 *Carolyn L. Bomberger* **Carolyn L. Bomberger** **President** **3-28-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOMBERGER, CAROLYN L 3627 N.W. 33RD TERRACE GAINESVILLE, FL 32605 <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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Carolyn L. Bomberger* **Carolyn L. Bomberger** **352** **2849178**
Signature, typed or printed name of signing officer or director **3-28-05** Daytime Phone #