

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

06 APR 21 PM 12:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P04000133365

1. Entity Name
BILLABONG AIR, INC.



Principal Place of Business
**2202 N. WESTSHORE BLVD., FIFTH FLOOR
TAMPA, FL 33607-5761**

Mailing Address
**2202 N. WESTSHORE BLVD., FIFTH FLOOR
TAMPA, FL 33607-5761**



03292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0766961

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AHLQUIST, ROBIN
2202 N. WESTSHORE BLVD., FIFTH FLOOR
TAMPA, FL 33607-5761**

**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 D
NAME BASHAM, ROBERT D
STREET ADDRESS 2202 N. WESTSHORE BLVD., FIFTH FLOOR
CITY-ST-ZIP TAMPA, FL 336075761

TITLE D
NAME ALLEY, C. TODD
STREET ADDRESS P.O. BOX 3127
CITY-ST-ZIP TAMPA, FL 336013127

TITLE D
NAME SULLIVAN, CHRIS T
STREET ADDRESS 2202 N. WEST SHORE BLVD., FIFTH FLOOR
CITY-ST-ZIP TAMPA, FL 336095761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**500072376345
04/27/06--01027--015 **200.00**

**DO NOT WRITE
IN THIS SPACE**

K. Eckel APR 24 2006

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 reports 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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/06 813-282-1225