

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # P04000133365 1. Entity Name BILLABONG AIR, INC.	
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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
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DO NOT WRITE IN THIS SPACE



02282007 No Chg-P CR2E034 (11/05)

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.

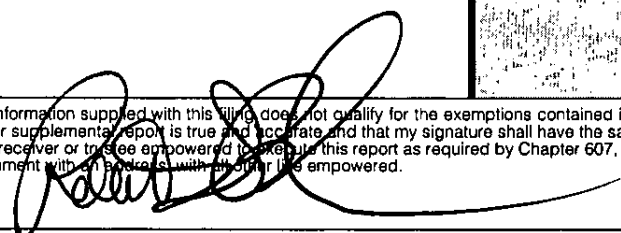
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000656797 03/14/07-80053-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASHAM, ROBERT D 2202 N. WESTSHORE BLVD., FIFTH FLOOR TAMPA, FL 336075761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEY, C. TODD P.O. BOX 3127 TAMPA, FL 336013127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, CHRIS T 2202 N. WEST SHORE BLVD., FIFTH FLOOR TAMPA, FL 336095761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 prepare 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 which I am empowered.

SIGNATURE:  **3-1-07** **813-282-1225**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #