

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2005 8:00 am
Secretary of State

08-16-2005 90038 004 ***150.00

DOCUMENT # P04000140418

1. Entity Name
FLY SOUTH, INC.



Principal Place of Business
**640 RIDGEWOOD
KEY BISCAYNE, FL 33149**

Mailing Address
**640 RIDGEWOOD
KEY BISCAYNE, FL 33149**

50061797



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. Fee Number

59 378 6108

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BEALS, JUSTIN E
80 SW 8TH STREET SUITE 2510
MIAMI, FL 33130**

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

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
Due by September 7, 2005**

9. Election Campaign Financing -
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
SAVAGE, KENNETH D
640 RIDGEWOOD
KEY BISCAYNE, FL 33149**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ 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:

KD Savage

KENNETH D. SAVAGE

Date

7/7/05

305 801 7026

Daytime Phone #