2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000147226

Address:

Title:

Name: Address:

City-St-Zip:

City-St-Zip:

BARTOW, FL 33830

JACOBSON, CHRISTINE L

580 E. SUMMERLIN ST.

BARTOW, FL 33830

(X) Delete

VTD

FILED Jan 23, 2007 Secretary of State

Entity Name: AIRBASE BUDDIES, INC **Current Principal Place of Business: New Principal Place of Business:** 580 E. SUMMERLIN ST. BARTOW, FL 33830 **Current Mailing Address: New Mailing Address:** 580 E. SUMMERLIN ST. BARTOW, FL 33830 FEI Number: 20-1809317 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JACOBSON, ROBERT C 580 E. SUMMERLIN ST BARTOW, FL 33830 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition JACOBSON, ROBERT C JACOBSON, ROBERT C Name: Name: 580 E. SUMMERLIN ST. 580 E. SUMMERLIN ST. Address: Address: BARTOW, FL 33830 City-St-Zip: City-St-Zip: BARTOW, FL 33830 Title: VSD Title: (X) Change () Addition () Delete Name: SCOTT, CHRISTOPHER A Name: FISHER, DOUGLAS 580 E. SUMMERLIN ST. 580 E. SUMMERLIN ST. Address: Address: BARTOW, FL 33830 BARTOW, FL 33830 City-St-Zip: City-St-Zip: Title: (X) Change () Addition VD () Delete Title: VTD SCOTT, SUSAN I JACOBSON, CHRISTINE L Name: Name: 580 E. SUMMERLIN ST. 580 E. SUMMERLIN ST.

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

BARTOW, FL 33830

() Change () Addition

SIGNATURE: ROBERT C. JACOBSON **PRES** 01/23/2007