2006 FOR PROFIT CORPORATION

Mar 03, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P05000021731 03-03-2006 90106 035 ***150.00 AIRPORT AUTO VILLAS, INC. Principal Place of Business Mailing Address 230 DENORA ROAD 230 DENORA ROAD FORT MYERS BEACH, FL 33931 FORT MYERS BEACH, FL 33931 3. Mailing Address 2. Principal Place of Business oboo France Suite, Apt. #, etc. Suite, Apt. #, etc. 02132006 CR2E034 (11/05) 680 City & State City & State 4. FEI Number Applied For 20-2316461 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 5543.5 dennep:c Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMONSEN, THOMAS L Street Address (P.O. Box Number is Not Acceptable) 230 DENORA ROAD FORT MYERS BEACH, FL. 33931 City 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Secretary | Treasurer ☐ Delete TITLE ☐ Change **₹** Addition SIMONSEN, THOMAS L Thomas L. Steffens NAME STREET ADDRESS 230 DENORA ROAD 4400 France Au. S. # 680 STREET ADDRESS FORT MYERS BEACH, FL 33931 CITY-ST-ZIP CITY-ST-ZIP Edina MN 55435 Delete TIFLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TIDE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

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 adjurate 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 receivery 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 a address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

IG OFFICER OR DIRECTOR

612-991-2279 Daytime Phone #

FILED

AN ASSOCIATION OF PROFESSIONAL CORPORATIONS

ATTORNEYS AT LAW

680 SOUTHDALE OFFICE CENTRE 6600 FRANCE AVENUE SOUTH EDINA, MN 55435

TELEPHONE 952-920-5554 FAX 952-920-2209 E-MAIL: CONTACT@STEFFENSANDRASMUSSEN.COM WEB ADDRESS: WWW.STEFFENSANDRASMUSSEN.COM

THOMAS L. STEFFENS, P.A.

LEIF E. RASMUSSEN, P.A

February 28, 2006

Division of Corporations P.O. Box 1500 Tallahassee FL 32302-1500

> Re: Airport Auto Villas, Inc. **Annual Report**

Dear Sir or Madam:

Enclosed please find the Annual Report for the above-named entity, together with our check in the amount of \$150.00 representing your filing fee.

Sincerely,

Thomas L. Steffens

Enclosures

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