

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000057696

FILED
Apr 13, 2006
Secretary of State

Entity Name: NORTH FLORIDA FLYING SERVICES INC.

Current Principal Place of Business:

645 NW STEPHEN FOSTER DR.
WHITE SPRINGS, FL 32096 US

New Principal Place of Business:

11840 141ST PL
LIVE OAK, FL 32060 US

Current Mailing Address:

645 NW STEPHEN FOSTER DR.
WHITE SPRINGS, FL 32096 US

New Mailing Address:

11840 141ST PL
LIVE OAK, FL 32060 US

FEI Number: 55-0897332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAYTON, ROBERT
645 NW STEPHEN FOSTER DR.
WHITE SPRINGS, FL 32096 US

Name and Address of New Registered Agent:

PAYTON, ROBERT
11840 141ST PL.
LIVE OAK, FL 32060 US

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:

04/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PAYTON, ROBERT
Address: 645 NW STEPHEN FOSTER DR.
City-St-Zip: WHITE SPRINGS, FL 32096 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PAYTON, ROBERT
Address: 11840 141ST PL
City-St-Zip: LIVE OAK, FL 32060 US

Title: CEO () Change (X) Addition
Name: STONE, STEVEN A
Address: 645 STEPHEN FOSTER DR.
City-St-Zip: WHITE SPRINGS, FL 32096 US

Title: T () Change (X) Addition
Name: PAYTON, BETTY
Address: 645 STEPHEN FOSTER DR.
City-St-Zip: WHITE SPRINGS, FL 32096 US

Title: S () Change (X) Addition
Name: PAYTON, BETTY
Address: 645 STEPHEN FOSTER DR.
City-St-Zip: WHITE SPRINGS, FL 32096 US

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.

SIGNATURE: ROBERT PAYTON

P

04/13/2006

Electronic Signature of Signing Officer or Director

Date