

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000102697

1. Entity Name
JEFFERSON LANDINGS FLYING CLUB, INC



FILED

07 AUG 30 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
PO BOX 1068
MONTICELLO, FL 32345

Mailing Address
PO BOX 1068
MONTICELLO, FL 32345

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

08302007 Chg-P CR2E034 (12/06)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENTON, DORY H
1656 ASHVILLE HIGHLAND DR
GREENVILLE, FL 32331

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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 P
NAME CANDERNBERG, JOE E ☐ Delete
STREET ADDRESS 215 E PALMER MILL RD
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE V
NAME FINLAYSON, JOHN M ☐ Delete
STREET ADDRESS 25 FINCREST CIRCLE
CITY-ST-ZIP GREENVILLE, FL 32331

TITLE T
NAME WESTBROOK, IE JR ☐ Delete
STREET ADDRESS PO BOX 415
CITY-ST-ZIP MONTICELLO, FL 32345

TITLE S
NAME PENTON, ARAMIS H ☐ Delete
STREET ADDRESS PO BOX 1068
CITY-ST-ZIP MONTICELLO, FL 32345

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000109184490
09/07/07--01017--001 **300.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 or without other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/07
Date

809 9976276
Daytime Phone #