


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2006 8:00 am
Secretary of State

08-02-2006 90003 043 ***150.00

DOCUMENT # P050001444034 1. Entity Name FULL FLIGHT PARACHUTE SALES, INC.					
Principal Place of Business 400 W. AIRPORT DR. SEBASTIAN, FL 32958			Mailing Address 400 W. AIRPORT DR. SEBASTIAN, FL 32958		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 118 LANDOVER DR		
City & State SEBASTIAN, FL			4. FEI Number 20-5716155		
Zip 32958			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PRESSE, LYLE 118 LANDOVER DR. SEBASTIAN, FL 32958				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$550.000 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PRESSE, LYLE 118 LANDOVER DR. SEBASTIAN, FL 32958	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: _____ 7/26/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Full Flight Parachute Sales, Inc.
118 Landover Drive
Sebastian, FL 32958

ATTACHMENT
20051407

July 31, 2006

Florida Dept. of Revenue
Division of Corporations
P.O. Box 11500
Tallahassee, FL 32302-1500

Re: P05000144464

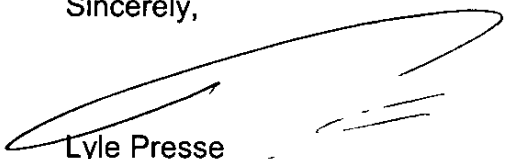
To Whom It May Concern:

I am enclosing my annual report and check for 2006. Please note I have changed the mailing address. I never received the original request for filing. The address used receives the mail for so many businesses, that it is any wonder I received the notice of dissolution.

At this time I ask the penalty be abated.

Thank you for your assistance in this matter.

Sincerely,



Lyle Presse
President