

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000098120

FILED  
Jun 18, 2008  
Secretary of State

Entity Name: CENTRAL FLORIDA SEAPLANE TOURS, INC.

## Current Principal Place of Business:

6265 WHIP-O-WILL LANE  
SAINT CLOUD, FL 34771 US

## New Principal Place of Business:

## Current Mailing Address:

6265 WHIP-O-WILL LANE  
SAINT CLOUD, FL 34771 US

## New Mailing Address:

FEI Number: 26-0831229

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, DOUGLAS E  
6265 WHIP-O-WILL LANE  
SAINT CLOUD, FL 34771 US

## Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BROWN, DOUGLAS E  
Address: 6265 WHIP-O-WILL LANE  
City-St-Zip: SAINT CLOUD, FL 34771

Title: VP ( ) Delete  
Name: FERRIN, RICK L  
Address: 4490 RUNWAY LANE  
City-St-Zip: SAINT CLOUD, FL 34772 US

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC ( ) Change (X) Addition  
Name: BROWN, JULIE M  
Address: 6265 WHIP-O-WILL LANE  
City-St-Zip: SAINT CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify 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: DOUGLAS E BROWN

P

06/18/2008

Electronic Signature of Signing Officer or Director

Date