

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90021 017 ***150.00

40032337



DOCUMENT # P93000085296 1. Entity Name TAKE FLIGHT, INC.					
Principal Place of Business 6000 HETRO WEST BLVD. 105 ORLANDO, FL 32835 US			Mailing Address 6000 HETRO WEST BLVD. 105 ORLANDO, FL 32835 US		
2. Principal Place of Business 6000 Metro West Blvd Suite, Apt. #, etc. 105		3. Mailing Address 8089 St. Andrew Cir Suite, Apt. #, etc.			
City & State Orlando FL		City & State Orlando FL		4. FEI Number 59-3212669	
Zip 32835		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSSHE, ZEEV 6000 HETRO WEST BLVD. #1005 SUITE 131 ORLANDO, FL 32835			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8089 St. Andrew Cir City Orlando FL Zip Code 32835		
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: <u><i>Zeev Moshe</i></u> / Zeev Moshe <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		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 MOSHE, ZEEV <input type="checkbox"/> Delete 8089 STRABDROW CIRCLE ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8089 St. Andrew Cir Orlando FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSHE, MICHAELA <input type="checkbox"/> Delete 808 7 ST. ANDREWS CIRCLE ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8089 St. Andrew Cir Orlando FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> 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"/> Delete		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 exemption stated in Section 119.07(3)(i), 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 another like empowered.					
SIGNATURE: <u><i>Zeev Moshe</i></u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>407 296-4600</u> <small>Daytime Phone #</small>		