2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 09, 2006 08:00 AM **Secretary of State** DOCUMENT # P94000036517 1. Entity Name SOUTH FLORIDA JET INITIATIVE, INC. Principal Place of Business Mailing Address 100 AVIATION DR 100 AVIATION DR #105 #105 NAPLES, FL 34104 US NAPLES, FL 34104 US 02222006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0497562 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RHEA, JAMES V. DO NOT WRITE 7912 LIECESTER COURT NAPLES, FL 34104 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstelling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10 OFFICERS AND DIRECTORS DILE HODBINSON ? NAME RHEA, JAMES V 08/20/06+80024-020 **150.00** STREET ADDRESS 100 AVIATION DR CITY -ST - ZIP NAPLES, FL 34104 NAME STREET ADORESS City-ST-ZiP NAME STREET ADDRESS DO NOT WRITE City-St-ZIP une IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP HILE

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 repuired 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 empow

SIGNATURE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED