# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 22, 2009**
**Secretary of State**

DOCUMENT# P94000047625

**Entity Name:** FOXTROT FLYERS INC.

**Current Principal Place of Business:**

5019 WEST DANTE AVENUE
TAMPA, FL 336297512

**New Principal Place of Business:**

5019 WEST DANTE AVENUE
TAMPA, FL 336297512 US

**Current Mailing Address:**

5019 WEST DANTE AVENUE
TAMPA, FL 336297512

**New Mailing Address:**

5019 WEST DANTE AVENUE
TAMPA, FL 336297512 US

**FEI Number: 59-3262539** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAGE, EDWARD J
5019 W. DANTE AVE.
TAMPA, FL 336297512 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: PAGE, EDWARD J
Address: 5019 W. DANTE AVENUE
City-St-Zip: TAMPA, FL 336297512

Title: D ( ) Delete
Name: BEAM GUARD, JAMES C
Address: 4610 RIDGECLIFF DRIVE
City-St-Zip: BRANDON, FL 33511

Title: D ( ) Delete
Name: HIRST, AUDREY
Address: 5930 TAYWOOD
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete
Name: KEYSER, DAVID M
Address: 4923 DEWEY ROSE COURT
City-St-Zip: TAMPA, FL 33624

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition
Name: BEAMGUARD, JAMES C
Address: 4610 RIDGECLIFF DRIVE
City-St-Zip: BRANDON, FL 33511

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

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

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: EDWARD J. PAGE DIRE 01/22/2009
Electronic Signature of Signing Officer or Director — Date