2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2006 08:00 AN DOCUMENT # P94000047753 **Secretary of State** 1. Entity Name. SOUTHEASTERN AIR OF VOLUSIA COUNTY, INC. Principal Place of Business Malling Address 27 FOXFORDS CHASE 27 FOXFORDS CHASE ORMOND BCH, FL 32174 ORMOND BCH, FL 32174 US No Chg-P 04292006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3262122 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. DICK, BRAD DO NOT WRITE 27 FOXFORDS CHASE ORMONDD BEACH, FL 32174 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. ne of registered agent and title if applicable. (NOTE: Registered Agent signature required when minstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME DICK, BRADLEY STREET ADDRESS 27 FOXFORDS CHASE CITY-ST-ZIP ORMOND BEACH, FL 32174 U00000558774 05/17/06-80110-012 150.00 TITLE NAME SYREET ADDRESS CITY-ST-7IP TITLE MAME STREET ADDRESS DO NOT WRITE CATY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 of strustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my pame appears in Block 10 or Block 11 if

changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

SIGNATURE:

FILED

Daytime Phone #