

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90092 038 ***150.00

DOCUMENT # P95000027575

1. Entity Name
LAKE WALES AVIATION, INC.



Principal Place of Business
450 S AIRPORT ROAD
LAKE WALES AIRPORT
LAKE WALES, FL 33859 US

Mailing Address
450 S AIRPORT ROAD
LAKE WALES AIRPORT
LAKE WALES, FL 33859 US

DO NOT WRITE IN THIS SPACE

04142006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3273257

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

FAYARD, PAUL D.
440 S AIRPORT ROAD
LAKE WALES AIRPORT
LAKE WALES, FL 33859

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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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
FAYARD, PAUL D
440 S. AIRPORT RD.
LAKE WALES, FL 33859

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/06

Date

863-678-1003

Daytime Phone #