


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000087059 1. Entity Name GB AIRLINK, INC.	
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Principal Place of Business 850 SW 34TH STREET FORT LAUDERDALE, FL 33315	Mailing Address 850 SW 34TH STREET FORT LAUDERDALE, FL 33315
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DO NOT WRITE IN THIS SPACE



03072006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0306686	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, H. TAYLOR ESQ
850 SW 34TH STREET
FORT LAUDERDALE, FL 33315

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reappointing) 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

11000000471986
03/29/06-80018-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLUTTER, ROBERT EUGENE 850 SW 34TH STREET FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLUTTER, SHERRY DELYNN 850 SW 34TH STREET FORT LAUDERDALE, FL 33315
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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

3-15-06 754-359-6742
Date Daytime Phone #