

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED****Jul 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # P97000065117 1. Entity Name SUNCOAST AIR TRANSPORTATION, INC.	
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Principal Place of Business 11231 CEDAR GROVE CT. WINDERMERE, FL 34786	Mailing Address 11231 CEDAR GROVE CT. WINDERMERE, FL 34786
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D6302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3462634	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**FORLANO, NICHOLAS
11231 CEDAR GROVE COURT
WINDERMERE, FL 34786**

**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 _____
Signature, typed or printed name of registered agent and fee 4 applicable. (NOTE: Registered Agent signature is required when changing.)

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 Maybe
Added to Fees

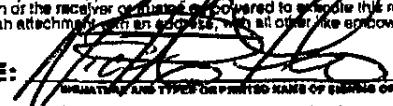
In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FORLANO, NICHOLAS 11231 CEDAR GROVE COURT WINDERMERE, FL 34786
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07/05/05-80023-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(X), 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:  **6/28/05**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR