


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000055510
1. Entity Name
FLYBLY, CO.



Principal Place of Business Mailing Address
4355 HIDDEN RIVER RD 4355 HIDDEN RIVER RD
SARASOTA, FL 34240-8637 SARASOTA, FL 34240-8637



03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0867752 Not Applicable

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

5. Name and Address of Current Registered Agent

DE BLIJ, CORNELIS H
4355 HIDDEN RIVER RD
SARASOTA, FL 34240-8637

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | D |
| NAME | DE BLIJ, CORNELIS H |
| STREET ADDRESS | 4355 HIDDEN RIVER RD |
| CITY-ST-ZIP | SARASOTA, FL 342408637 |
| TITLE | D |
| NAME | DE BLIJ, MARGARETHA H |
| STREET ADDRESS | 4355 HIDDEN RIVER RD |
| CITY-ST-ZIP | SARASOTA, FL 342408637 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

100000268939
03/18/05-80064-003 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 the same like empowered.

SIGNATURE: _____ 03/15/2005 941.322.1325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #