

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90194 020 ***150.00

DOCUMENT # P98000067372

1. Entity Name
SEMINOLE AIR HOLDINGS, INC.



40082599



04092006 Chg-P CR2E034 (11/05)

Principal Place of Business
5050 W LEMON ST
TAMPA, FL 33609

Mailing Address
5050 W LEMON ST
TAMPA, FL 33609

2. Principal Place of Business
5025 West Lemon Street
Suite 200
Tampa, FL 33609

3. Mailing Address
5025 West Lemon Street
Suite 200
Tampa, FL 33609

4. FEI Number
59-3525154

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, JAMES J III
5050 W LEMON ST
TAMPA, FL 33609

7. Name and Address of New Registered Agent

Name
James Martin III
Street Address (P.O. Box Number is Not Acceptable)
5025 West Lemon Street
Suite 200
Tampa, FL 33609
City
FL Zip Code

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 **James J. Martin III** **4-26-06**
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
BEAN, THOMAS J
5050 W LEMON ST
TAMPA, FL 33609 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5025 West Lemon Street
Suite 200
Tampa, FL 33609 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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 an officer or director empowered.

SIGNATURE: **Thomas J. Bean** **4-26-06** **813-637-2230**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #