

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000077242

1. Entity Name
EASTERN SHORE AVIATION, INC.



Principal Place of Business

6090 S.R. 80 WEST
ALVA, FL 33920 US

Mailing Address

6090 S.R. 80 WEST
ALVA, FL 33920 US

DO NOT WRITE IN THIS SPACE



03282006

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0874401

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHULTS, MICHAEL LEO
6118 S.R. 80 WEST
ALVA, FL 33920

**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 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

VSD

NAME

SHULTS, MICHAEL LEO

STREET ADDRESS

6118 S.R. 80 WEST

CITY-ST-ZIP

ALVA, FL 33920

TITLE

PT

NAME

ELAM-SHULTS, BETHENY

STREET ADDRESS

6118 S.R. 80 WEST339

CITY-ST-ZIP

ALVA, FL 33920

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

Date

Daytime Phone

4-8-06

8636121388