

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90211 006 ***150.00

DOCUMENT # P98000079123 1. Entity Name AIR HOLIDAY FLYING CLUB, INC.					
Principal Place of Business 1218 SHOREWOOD DRIVE ORLANDO, FL 32806-2350 US			Mailing Address 1218 SHOREWOOD DRIVE ORLANDO, FL 32806-2350 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3538088	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHILLIPS, R. PATRICK 200 N THORNTON AVE ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLES, ROBERT H 1734 ROSE GARDEN LANE ORLANDO, FL 32825		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D READ, CHUCK 1005 TEMPLE COVE WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBIASO, MARLENE K 1734 SENECA BLVD WINTER SPRINGS, FL 32708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T MERIZIL, Miodun 1218 Shorewood Dr Orlando, FL 32801-2350	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYCKOFF, DANIEL M 309 ROBIN HILL DR ALTAMONTE SPRINGS, FL 32701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FULL, KENNETH 3111 LAKE MARGARET DR. Orlando, FL 32806	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERELSMAN, DAVID 238 ACADIA TERRACE KISSIMMEE, FL 34747		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKLAND, JOEL 5624 WEST LAKE BUTLER DR. WINTERMEER, FL 34786	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDING, FRED 107 CELIA LANE ORLANDO, FL 32803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWALLOW, HAROLD G 2999 EGLINGTON DR ORLANDO, FL 328063366		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____			19 APR 05 417 898 3269		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		