

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90027 027 ***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 - No P.O. Box #
5430 CUB LAKE DR
Suite, Apt. #, etc.

3. Mailing Address
5430 CUB LAKE DR
Suite, Apt. #, etc.
APOPKA FLORIDA
City & State



02152008 Chg-P CR2E034 (12/06)

City & State
APOPKA FL
Zip
32703
Country
USA

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APOPKA FLORIDA
Zip
32703
Country
USA

4. FEI Number
59-3538088
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____
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, 2008 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	<input type="checkbox"/> Delete
NAME	COLES, ROBERT H	
STREET ADDRESS	1734 ROSE GARDEN LANE	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAMBIASO, MARLENE K	
STREET ADDRESS	1734 SENECA BLVD	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUILL, KEN	
STREET ADDRESS	3111 LAKE MAGARET DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	P	<input type="checkbox"/> Delete
NAME	BERELSMAN, DAVID	
STREET ADDRESS	238 ACADIA TERR	
CITY-ST-ZIP	KISSIMMEE, FL 34747	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDING, FRED	
STREET ADDRESS	107 CELIA LANE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	V	<input type="checkbox"/> Delete
NAME	STRICKLAND, JOEL	
STREET ADDRESS	5624 LAKE BUTLER RD	
CITY-ST-ZIP	WINDERMERE, FL 34786	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEMMERER, JOE	
STREET ADDRESS	5430 CUB LAKE DR.	
CITY-ST-ZIP	APOPKA, FL. 32703	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERRILL, WOODY	
STREET ADDRESS	1218 SHOREWOOD DR.	
CITY-ST-ZIP	ORLANDO, FL. 32806	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERGER, CHRIS	
STREET ADDRESS	321 SEMINOLA	
CITY-ST-ZIP	CASSEL BERRY, FL. 32730	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	READ, CHUCK	
STREET ADDRESS	1005 TEMPLE COVE	
CITY-ST-ZIP	WINTER PARK, FL. 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

2/16/08 90796113P2