

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000082423

1. Entity Name
SARASOTA-BRADENTON AVIATION, INC.



FILED
2007 MAR 27 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
707 S WASHINGTON BLVD
SARASOTA, FL 34236

Mailing Address
707 S WASHINGTON BLVD
SARASOTA, FL 34236

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

50 Central Ave. Suite 900
Sarasota, FL 34236

50 Central Ave. Suite 900
Sarasota, FL 34236

02202007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0864979

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOSCH, JOHN
707 S. WASHINGTON BLVD
SARASOTA, FL 34236

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME DVT
STREET ADDRESS BUCHANAN, VERNON G
CITY-ST-ZIP 707 S WASHINGTON BLVD
SARASOTA, FL 34236 ☐ Delete

TITLE
NAME 50 Central Ave. Suite 900
STREET ADDRESS Sarasota, FL 34236 ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME VPS
STREET ADDRESS TOSCH, JOHN
CITY-ST-ZIP 707 S WASHINGTON BLVD
SARASOTA, FL 34236 ☐ Delete

TITLE
NAME 50 Central Ave. Suite 900
STREET ADDRESS Sarasota, FL 34236 ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME T
STREET ADDRESS ARTEMAN, STEVE
CITY-ST-ZIP 707 S WASHINGTON BLVD
SARASOTA, FL 34236 ☐ Delete

TITLE
NAME Steve Hite man
STREET ADDRESS 50 Central Ave. Suite 900
CITY-ST-ZIP Sarasota, FL 34236 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/07