

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000002951 1. Entity Name THE AIR LINE BY J. SINK, INC.	
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Principal Place of Business 3808 SE 150TH ST. SUMMERFIELD, FL 34491	Mailing Address P O BOX 190 SUMMERFIELD, FL 34492
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01222006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0890540	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SINK, JANET S 3808 SE 150TH ST. SUMMERFIELD, FL 34491

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 NAME STREET ADDRESS CITY-ST-ZIP	P SINK, JANET S 3808 SE 150 ST SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOK, JAMES L 3808 SE 150 ST SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SINK, JOSEPH R 3808 SE 150 ST SUMMERFIELD, FL 34491
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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02/02/06-80046-021 158.75

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

City/State Phone #

Janet S. Sink **JANET S. SINK** 1/23/06 352-342-1287