2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9900004389

1. Entity Name W.B. AVIATION, INC.



FILED Apr 25, 2005 08:00 AM Secretary of State

Principal Place of Business

11212 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407 Mailing Address
119 EUCLID AVENUE
BIRMINGHAM, AL 35213



DO NOT WRITE IN THIS SPACE

03172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3566453

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALTERS, ELIZABETH J 221 MCKENZIE AVENUE PANAMA CITY, FL 32401

DO NOT WRITE IN THIS SPACE

			IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or	registered agent, or bot	h, in the State of Florida 1 am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and file	if applicable. (NOTE, Registered	i Agent signatur	e required when reinstaling)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNHAM, WESLEY L JR 11212 FRONT BEACH ROAD PANAMA CITY, FL	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, HUBERT PO BOX 18198 PANAMA CITY, FL 32417				04/25/05-80095-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME					

12. Thereby certify that the information supplied with this filling 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, withy an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(205) 879 - 7720
Day me Phone 4