2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2006 8:00 am **Secretary of State** DOCUMENT # P99000020125 1. Entity Name 02-27-2006 90080 003 ***150.00 TETON JET, INC. Principal Place of Business Mailing Address 3636 MEDALLION AVE 3636 MEDALLION AVENUE NEWPORT AR 72112 **NEWPORT AR 72112** Mailing Address 6355 Ward Rd 2. Principal Place of Business 675 Airport Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) #301 City & State Driggs. 4. FEI Number Applied For City & State Co Arvada 82-0527112 IDNot Applicable Country USA Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City 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, typed or printed name of registered agent and titlo if applicable. (NQTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State .10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CEO ☐ Delete TITLE ☐ Change Addition GROSVENOR, J. MARK NAME NAME STREET ADDRESS STREET ADDRESS 3636 MEDALLION AVENUE CITY-ST-ZIP CITY-ST-7IP NEWPORT AR 72112 Secretary David J Yeager 6355 Ward Rd Ste 301 TITLE Delete TITLE Addition NAME KARCHNER, RUSTY NAME STREET ADDRESS STREET ADDRESS 3636 MEDALLION AVENUE Arvada CO 80004 CITY-ST-ZIP CITY-ST-ZIP NEWPORT AR 72112 TITLE ☐ Change Addition Delete NAME WESTERVELT, ANDY STREET ADDRESS STREET ADDRESS 3636 MEDALLION AVENUE CITY-ST-7IP CITY-ST-73P NEWPORT AR 72112 VPCF TITLE TITLE Defete ☐ Chance ☐ Addition BROWN, CHARLES NAME NAME STREET ADDRESS 3636 MEDALLION AVENUE STREET ADDRESS CITY-ST-7IP **NEWPORT AR 72112** CITY-ST-ZIP **⊠** Delete ☐ Change Addition TITLE HOUT, PHIL NAME NAME PO BOX 69 STREET ADDRESS STREET ADDRESS **NEWPORT AR 72112** CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

J Yeager Secretary

SIGNATURE:

FILED