

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000109274

1. Entity Name
EBK AIRCRAFT, INC.



Principal Place of Business
**5510 W. LASALLE ST.
SUITE 210
TAMPA, FL 33607**

Mailing Address
**5510 W. LASALLE ST.
SUITE 210
TAMPA, FL 33607**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3634280

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KNIPPERS, EUGENE B
5510 W. LASALLE ST., STE. 210
TAMPA, FL 33607**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000465834
03/22/06-80051-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNIPPERS, EUGENE B 5510 W. LASALLE ST., STE. 210 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ALLRED, BRIAN M 5510 W LASALLE STREET, SUITE 210 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Brian M Allred*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/06

Date

Daytime Phone #

813-282-3561