


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S35817**  
 1. Entity Name  
**AIRPLANES, INC.**



Principal Place of Business      Mailing Address  
**2000 N.E. JENSEN BEACH BLVD.**      **2000 N.E. JENSEN BEACH BLVD.**  
**JENSEN BEACH, FL 34957 US**      **JENSEN BEACH, FL 34957 US**

**DO NOT WRITE IN THIS SPACE**



01272006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>65-0253851</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**AMERICAN INFORMATION SERVICES, INC.**  
**350 E. LAS OLAS BLVD.**  
**SUITE 1600**  
**FT. LAUDERDALE, FL 33301**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	CEO GREENE, ROBERT 2000 N.E. JENSEN BEACH BLVD. JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANSON, PHILIP 2000 N.E. JENSEN BEACH BLVD. JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOMMERS, MICHAEL C 2000 N.E. JENSEN BEACH BLVD. JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANSON, PHILIP JR 2000 N.E. JENSEN BEACH BLVD JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Michael C Sommers      Michael C Sommers  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date: 1/27/06      Daytime Phone # \_\_\_\_\_