

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90070 009 ***150.00

DOCUMENT # V16911

1. Entity Name
VERTICAL AIR, INC.



Principal Place of Business
**PO BOX 3071
DELAND, FL 32721**

Mailing Address
**PO BOX 3071
DELAND, FL 32721**

0000000000



08302005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3419319

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

**HALLETT, ROBERT C.
2970 N. SHELL RD.
DELAND, FL 32720**

**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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HALLETT, ROBERT C.
1970 N. SHELL RD.
DELAND, FL 32720**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
JOHNSON, DANIEL H III
533 OLD DAYTONA RD
DELAND, FL 32724**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
HARP, KATHERINE
2970 N. SHELL RD.
DELAND, FL 32720**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-738-3539