

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000035166

**Entity Name:** FLYIN S, INC.

**Current Principal Place of Business:**

261 NE 341ST AVE  
OLD TOWN, FL 32680

**Current Mailing Address:**

261 NE 341ST AVE  
OLD TOWN, FL 32680 US

**FEI Number:** 45-5041060

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPENCER, NICOLE  
261 NE 341ST AVE  
OLD TOWN, FL 32680 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                   |                 |                   |
|-----------------|-------------------|-----------------|-------------------|
| Title           | VP                | Title           | PRESIDENT         |
| Name            | SPENCER, HARVEY L | Name            | SPENCER, NICOLE M |
| Address         | 261 NE 341ST AVE  | Address         | 261 NE 341ST AVE  |
| City-State-Zip: | OLD TOWN FL 32680 | City-State-Zip: | OLD TOWN FL 32680 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NICOLE M SPENCER

**PRESIDENT**

**01/05/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date