


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90030 005 ***150.00

DOCUMENT # P93000071599

1. Entity Name
COMMERCIAL AIR MANAGEMENT, INC.



Principal Place of Business Mailing Address
11000-27 METRO PARKWAY **11000-27 METRO PARKWAY**
FT MYERS, FL 33966 US **FT MYERS, FL 33966 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02082008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0443866 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

10000016



6. Name and Address of Current Registered Agent

BUCKLEY, J. PATRICK
% WARCHOL, ROLLINGS, BUCKLEY & POHL, L.L.P
1633 SOUTHEAST 47TH TERRACE
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

I, 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 registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 Min. Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BOUDREAU, PAUL	
STREET ADDRESS	8923 FALCON POINT LOOP	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOUDREAU, CHRISTY B	
STREET ADDRESS	8998 FALCON POINTE LOOP	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOUDREAU, ROBERT C	
STREET ADDRESS	8998 FALCON POINTE LOOP	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Christy Boudreau* *Christy Boudreau* *3/7/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #