2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2008 8:00 am Secretary of State

DOCUMENT # P0400099379 1. Entity Name AIR MAXX, INC.						02-04-2008 90050 003 ***150.00			
				- CONT.					
Principal Place of Business Mailing Address					3.0				
11530 PROSPEROUS DRIVE 11530 PROSPEROUS			ORIVE		,				
ODESSA, FL 33556 ODESSA, FL 33556					,				
					1 (81)(81)	 	 	UTERI NARRI	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
					1 18611831 1) ESI(BIBI BB BS BS	 	illesi ii 1821	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			01302008	Chg-P	CR2E034 (12/06)		
City 0 City 0 City						<u> </u>			
City & State		City & State		4. FEI Numb		} -	oplied For ot Applicable		
Zip Country		Zip Cou		try					
	Southly 215		"	,	5. Certificate of Status Desired See Required Fee Required				
	6. Name and Address of Curren	t Registered Agent			7. Name and	d Address of New R	legistered Agent		
-	<u>.</u>			Name					
JONES, MICHAEL				Street Address (P.O. Box Number is Not Acceptable)					
11530 PROSPEROUS DR. ODESSA, FL 33556				Street Ad	aress (P.O. Box Numi	er is ivoi Acceptable)		
ODESSA,	FL 33336								
				City			7:- 0		
				City			FL Zip Cod	е	
	named entity submits this statement	or the purpose of changing its	registere	ed office or r	egistered agent, or be	oth, in the State of Flo	orida. I am familiar with,	and accept	
the obligat	tions of registered agent.								
SIGNATURE_									
1	Signature, typed or printed name of registered ager	nt and title if applicable (NOT)	E: Registern	d Agent signature	e required when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campa Trust Fund Cont		ncing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			S IN 11	
THILE	DPT	☐ Delete	TITLE				☐ Change	Addition	
NAME	JONES, MICHAEL		NAM	-					
STREET ADDRESS CITY+ST-ZIP	3636 HURSTON ST.	=		ET ADDRESS -ST-ZIP					
	NEW PORT RICHEY, FL 3465		-		D.c B				
TITLE	DSVP	Delete	TITLE		DSUP	4.61	Change	Addition	
NAME STREET ADDRESS	JORDAN, DENNIS 8935 INDIAN RIVER RUN		NAMI	ET ADDRESS	JONES, MICHAEL S 3636 HURSTON ST, NEW PORT RICHEL PL 34655				
CITY-ST-ZIP				DITY-ST-ZIP NEW POAT RICHEY PL 34655					
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em	☐ Delete ☐ Delete ☐ Delete ☐ this filling does not qualify for its true and accurate and that it	TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY ON THE CITY TO SEGNATION	E ET ADURESS -ST-ZIP E ET ADDRESS -ST-ZIP E CT ADDRESS -ST-ZIP E CT ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP CT ADDRESS -ST-ZIP	ntained in Chapter 11	9, Florida Statutes. I ct as if made under	Change Change Change Change	Addition Addition Addition	

SIGNATURE: MICHAEL TOWES L

727-372-5262

Daytime Phone #