

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000033071

**Entity Name:** AIRSHARES INC.

**Current Principal Place of Business:**

723 TRUMAN AVENUE, #201526  
TALLAHASSEE, FL 32314-7297

**Current Mailing Address:**

POST OFFICE BOX 7297, #201526  
TALLAHASSEE, FL 32314-7297 US

**FEI Number:** 65-0995307

**Certificate of Status Desired:** No

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

HODGERS, BENJAMIN  
723 TRUMAN AVENUE, #201526  
TALLAHASSEE, FL 32314-7297 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 PD  
Name HODGERS, BENJAMIN  
Address 4160 DUNMORE DRIVE  
City-State-Zip: LAKE WALES FL 33859

Title VPD  
Name HODGERS, BRIAN ALAN  
Address POST OFFICE BOX 7297, #201526  
City-State-Zip: TALLAHASSEE FL 32314-7297

Title STD  
Name HODGERS, GERRY  
Address 4160 DUNMORE DRIVE  
City-State-Zip: LAKE WALES FL 33859

*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:** BENJAMIN HODGERS

**PRES**

**01/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date