2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 327535

1. Entity Name
AIR COMPONENTS & EQUIPMENT INC

Principal Place of Business	Mailing Address
4505 56TH ST. N. (33610) P O BOX 16988 TAMPA, FL 33687-3988	4505 56TH ST. N. (33610) P O BOX 16988 TAMPA, FL 33687-3988

DO NOT WRITE IN THIS SPACE

02062006 No Chg-P CR2E031 (11/05)

4. FEI Number
59-1209731
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLACK, RONALD D
4505 56TH STREET NORTH
TAMPA, FL 33610

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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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCOTT, ELMER R
STREET ADDRESS	P.O. BOX 354585
CITY-ST-ZIP	PALM COAST, FL 32135
TITLE	V
NAME	BLACK, RONALD D
STREET ADDRESS	614 BROOKER RD
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	ST
NAME	BLACK, JUDY
STREET ADDRESS	614 BROOKER RD.
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: RON BLACK, PRESIDENT 813-621-3087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #