

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 399170

Entity Name: AIR CONTROL, INC.

FILED  
Feb 11, 2009  
Secretary of State

## Current Principal Place of Business:

3520 NORTH MONROE STREET  
TALLAHASSEE, FL 32303

## New Principal Place of Business:

## Current Mailing Address:

3520 NORTH MONROE STREET  
TALLAHASSEE, FL 32303

## New Mailing Address:

FEI Number: 59-1397290

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PERRY, JAMES B.  
3815 CONCORD RD  
HAVANA, FL 32333 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PERRY, JAMES B.  
Address: 3815 CONCORD RD  
City-St-Zip: HAVANA, FL

Title: PV ( ) Delete  
Name: PERRY, JUDITH A.  
Address: 3815 CONCORD RD  
City-St-Zip: HAVANA, FL

Title: ADMN ( ) Delete  
Name: FRYE, DANA  
Address: 2916 N. SETTLERS BLVD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: HENDERSON, JERRY  
Address: 4819 JACKSON COVE RD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: HAWKINS, TIM  
Address: 3477 SHADY REST RD  
City-St-Zip: HAVANA, FL 32303

Title: D ( ) Change (X) Addition  
Name: STRALOW, CURT  
Address: 2029 SHADY OAKS DR  
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DANA FRYE

ADMI

02/11/2009

Electronic Signature of Signing Officer or Director

Date