

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 479465

1. Entity Name
AIR FLOW DESIGNS, INC.



FILED

2008 MAR 26 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
P.O. BOX 180308
CASSELBERRY, FL 32718-7308

Mailing Address
P.O. BOX 180308
CASSELBERRY, FL 32718-7308

2. Principal Place of Business - No P.O. Box #
250 JASMINE ROAD

3. Mailing Address

Suite, Apt. #, etc.
CASSELBERRY, FL

Suite, Apt. #, etc.

03062008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-1606701

Applied For
Not Applicable

Zip 32707 Country USA

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURD, TERRY H.
250 JASMINE RD.
CASSELBERRY, FL 32707

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BURD, TERRY H
250 JASMINE RD
CASSELBERRY, FL 32707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BURD, PHYLLIS
250 JASMINE RD.
CASSELBERRY, FL 32707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BURD, JESSE H
250 JASMINE RD
CASSELBERRY, FL 32707 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/08

407 831 3600

Date

Daytime Phone #