

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 507867

Entity Name: PARK AIR, INC.

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

728 CHEROKEE CIR
SANFORD, FL 32773 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 951588 N/A
LAKE MARY, FL 327951588 US

New Mailing Address:

FEI Number: 59-1681311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLETTER, FRANZ R
728 CHEROKEE CIRC
SANFORD, FL 32771 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: PCD () Delete
Name: FLETTER, FRANZ R,
Address: 728 CHEROKEE CIRC
City-St-Zip: SANFORD, FL

Title: VST () Delete
Name: FLETTER, SHIRLEY F.,
Address: 728 CHEROKEE CIRC
City-St-Zip: SANFORD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: FLETTER, FRANZ R,
Address: 728 CHEROKEE CIRC
City-St-Zip: SANFORD, FL 32773

Title: VST (X) Change () Addition
Name: FLETTER, SHIRLEY F.,
Address: 728 CHEROKEE CIRC
City-St-Zip: SANFORD, FL 32773

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: FRANZ R FLETTER

PCD

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date