

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90055 050 \*\*\*150.00

**DOCUMENT # 538971**

1. Entity Name  
**AIR DESIGN SYSTEMS, INC.**



Principal Place of Business  
**400 EAST LURTON STREET  
PENSACOLA, FL 32505**

Mailing Address  
**PO BOX 18830  
PENSACOLA, FL 32523-8830**

**94012322**



01122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1756694**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BROWN, WILLIAM C  
1475 FINLEY DRIVE  
PENSACOLA, FL 32514**

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	STD
NAME	BROWN, JEAN N
STREET ADDRESS	1475 FINLEY DRIVE
CITY-ST-ZIP	PENSACOLA, FL
TITLE	PD
NAME	BROWN, WILLIAM C
STREET ADDRESS	1475 FINLEY DRIVE
CITY-ST-ZIP	PENSACOLA, FL
TITLE	V
NAME	ALDERMAN, STEVE A
STREET ADDRESS	7803 PEBBLE CREEK DRIVE
CITY-ST-ZIP	PENSACOLA, FL
TITLE	V
NAME	RICKS, MARILYN D
STREET ADDRESS	32120 HWY 90
CITY-ST-ZIP	SEMINOLE, AL 36574
TITLE	V
NAME	WRIGHT, PAUL
STREET ADDRESS	1220 AUTUMN BREEZE CIRCLE
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*William C Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-18-04*

*850-434-5592*