

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2006 08:00 AM
Secretary of State

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**



01202006 No Chg-P CR2E034 (11/05)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

**000000402105
02/02/06-80073-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWN, JEAN N 1475 FINLEY DRIVE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, WILLIAM C 1475 FINLEY DRIVE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALDERMAN, STEVE A 7803 PEBBLE CREEK DRIVE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICKS, MARILYN D 32120 HWY 90 SEMINOLE, AL 36574
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 807, 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

1-24-2006

Date

850-431-5592

Daytime Phone #