


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 538971 1. Entity Name AIR DESIGN SYSTEMS, INC.	
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Principal Place of Business 400 EAST LURTON STREET PENSACOLA, FL 32505	Mailing Address PO BOX 18830 PENSACOLA, FL 32523-8830
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03062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1756694	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

<p>U00000685001 04/06/07-80055-008 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <u>William C. Brown</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>3-21-07</u> <small>Date</small>	<u>850-484-5592</u> <small>Daytime Phone #</small>
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