

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 577498

1. Entity Name

SAWAIR ENTERPRISES, INC.



FILED
Feb 07, 2007 08:00 AM
Secretary of State

Principal Place of Business

ONE BEACH DRIVE SE
SUITE 2302
ST PETERSBURG FL 33701
US

Mailing Address

ONE BEACH DRIVE SE
BOX #4
SAINT PETERSBURG FL 33701-3963
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-1826657

Applied For
Not Applicable

Zip

Country

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

SALZER, IRIS W.
ONE BEACH DRIVE SE SUITE 2302
ST. PETERSBURG FL 33701

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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
CSD
SALZER, IRIS W.
ONE BEACH DR SE, STE 2302
ST. PETERSBURG FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
U000000625848
02/14/07-80092-005 150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PDS
SALZER, E. STAN
ONE BEACH DR SE, STE 2302
ST. PETERSBURG FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VTD
SALZER, BRAD
ONE BEACH DR SE, STE 2302
ST PETERSBURG FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VAT
SALZER, STEVE
ONE BEACH DE SE, STE 2302
ST PETERSBURG FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
SALZER, MARK
ONE BEACH DR SE, STE 2302
ST PETERSBURG FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
SALZER, PAM
ONE BEACH DE SE, STE 2302
ST PETERSBURG FL ☐ 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 Section 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: *X Iris W. Salzer* CHAIRMAN/SEC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07 727-8228071

Date Daytime Phone #