


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 08:00 A
Secretary of State

DOCUMENT # 598670 1. Entity Name STANAIR, INC.	
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Principal Place of Business 140 TURTLE CREEK DR TEQUESTA, FL 33469 US	Mailing Address 140 TURTLE CREEK DR TEQUESTA, FL 33469 US
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1867766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRAMER, CHARLES STANLE 140 TURTLE CREEK DR TEQUESTA, FL 33469	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000785219 01/16/08-80087-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAMER, CHARLES S 140 TURTLE CREEK DR TEQUESTA, FL 33469
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**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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without like empowered.

SIGNATURE: *Charles S. Cramer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **1/8/08** Daytime Phone #: **541-743-2852**