## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 659088

1. Entity Name
FLORIDA AIR SYSTEMS, INC.

FILED
May 01, 2008 08:00 Al
Secretary of State

Applied For

Principal Place of Business

6600 EAST BROADWAY AVE TAMPA, FL 33619 US Mailing Address

6600 EAST BROADWAY AVE TAMPA, FL 33619 US



01292008 No Chg-P CR2E034 (11/05)

ONOT-WRITE IN THIS SPACE

4. FEI Number

59-1972125 Not Applicable

5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

SWANTEK, WILLIAM 6600 EAST BROADWAY AVE TAMPA, FL 33619

## 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 bot the obligations of registered agent.					th, in the State of Florida. I am tamillar with, and accept			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required				required when reinstating)	on reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees		U0000094 05/28/08-80	0521 1070-003 150.0	) <u>O</u>		
10.	OFFICERS AND DIREC	TORS					,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWANTEK, WILLIAM 2603 SOUTH VALRICO ROAD VALRICO, FL 33594							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SWANTEK, MARY ELAINE 2603 SOUTH VALRICO ROAD VALRICO, FL 33594							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WR	ITE .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				N	THIS SPA	CE		
TITLE	•				• •		1:00	

12. Thereby 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:

NAME STREET ADDRESS CITY-ST-ZIP

NAME ' STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08 (813)626-8867