

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F58201
 1. Entity Name
 CARE FREE-AIR, INC.



Principal Place of Business: % MICHAEL MCFADDEN, 1750 BAYOU GRANDE BLVD., N.E., ST PETERSBURG, FL 33703
 Mailing Address: % MICHAEL MCFADDEN, 1750 BAYOU GRANDE BLVD., N.E., ST PETERSBURG, FL 33703

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03152006 No Chg-F CR2E034 (11/05)

4. FEI Number: 59-2147356 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCFADDEN, MICHAEL
 1750 BAYOU GRANDE BL NE
 ST PETERSBURG, FL 33703

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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: _____

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	MCFADDEN, MICHAEL
STREET ADDRESS	1750 BAYOU GRANDE BL NE
CITY-ST-ZIP	ST PETERSBURG, FL 33703
TITLE	VS
NAME	MCFADDEN, MONA
STREET ADDRESS	1750 BAYOU GRANDE BL NE
CITY-ST-ZIP	ST PETERSBURG, FL 33703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/28/06-80042-016 150.00
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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: Michael L. McFadden Michael L. McFadden 3-15-06 727-525-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #