

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F58201

Entity Name: CARE FREE-AIR, INC.

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

% MICHAEL MCFADDEN  
1750 BAYOU GRANDE BLVD., N.E.  
ST PETERSBURG, FL 33703

## New Principal Place of Business:

1750 BAYOU GRANDE BLVD. N.E.  
ST PETERSBURG, FL 33703 US

## Current Mailing Address:

% MICHAEL MCFADDEN  
1750 BAYOU GRANDE BLVD., N.E.  
ST PETERSBURG, FL 33703

## New Mailing Address:

1750 BAYOU GRANDE BLVD. N.E.  
ST PETERSBURG, FL 33703 US

FEI Number: 59-2147356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCFADDEN, MICHAEL  
1750 BAYOU GRANDE BL NE  
ST PETERSBURG, FL 33703 US

## Name and Address of New Registered Agent:

MCFADDEN, MICHAEL L D  
1750 BAYOU GRANDE BLVD. NE  
ST PETERSBURG, FL 33703 US

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.

SIGNATURE: MICHAEL MCFADDEN

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: MCFADDEN, MICHAEL  
Address: 1750 BAYOU GRANDE BL NE  
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: VS ( ) Delete  
Name: MCFADDEN, MONA  
Address: 1750 BAYOU GRANDE BL NE  
City-St-Zip: ST PETERSBURG, FL 33703 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MCFADDEN, MICHAEL  
Address: 1750 BAYOU GRANDE BLVD. NE  
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: PST (X) Change ( ) Addition  
Name: MCFADDEN, MONA  
Address: 1750 BAYOU GRANDE BLVD. NE  
City-St-Zip: ST PETERSBURG, FL 33703 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONA MCFADDEN

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date