

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F64810

FILED
Apr 30, 2006
Secretary of State

Entity Name: AIR MECHANICAL & SERVICE CORP.

Current Principal Place of Business:

4311 W. IDA ST.
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4311 W. IDA ST.
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-2158902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BYERS, LINDSAY W.
4311 W. IDA STREET
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: JOHNSON, BRUCE
Address: 120 SPRINGWOOD DRIVE
City-St-Zip: DAYTONA BEACH, FL 32119

Title: V () Delete
Name: SPAW, HAROLD T
Address: 2806 W. SITKA STREET
City-St-Zip: TAMPA, FL 33614

Title: V () Delete
Name: MARTIN, MICHAEL
Address: 449 EAST SHADE DRIVE
City-St-Zip: VENICE, FL 34293

Title: PD () Delete
Name: BYERS, LINDSAY W
Address: 10069 GULF BLVD.
City-St-Zip: TREASURE ISLAND, FL 33607

Title: STD () Delete
Name: BYERS, JOHN L.
Address: 2535 TENNESSEE AVENUE
City-St-Zip: TAMPA, FL 33629

Title: V () Delete
Name: CONNELLY, NEIL
Address: 16530 FORESTLAKE DRIVE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDSAY W BYERS

PD

04/30/2006

Electronic Signature of Signing Officer or Director

Date