


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # F91636 1. Entity Name AER-FLO CANVAS PRODUCTS, INC. |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 4455 18TH ST EAST BRADENTON, FL 34203 | Mailing Address PO BOX 1356 ONECO, FL 34264 |
|---|---|

| |
|-----------------------------------|
| DO NOT WRITE IN THIS SPACE |
|-----------------------------------|



01032007 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 59-2218487 | 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 HENNING, WILLIAM W 4455 18TH ST EAST BRADENTON, FL 34203 |
|--|

| |
|---------------------------------------|
| 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 both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title. (Typed name required when no signature.)

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| | |
|--|---|
| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | PTD HENNING, WILLIAM W 4455 18TH ST EAST BRADENTON, FL 34203 |
| TITLE NAME STREET ADDRESS CITY ST ZIP | VSD HENNING, BETSY A 4455 18TH ST EAST BRADENTON, FL 34203 |
| TITLE NAME STREET ADDRESS CITY ST ZIP | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | |

| |
|---|
| <p>U000000705392 04/23/07-80050-004 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
|---|

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: Betsy A. Henning **BETSY A. HENNING** 4/11/07 941-747-4131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day to Pay Fee