


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # F98000002621
1. Entity Name
INDAIR, INC.



Principal Place of Business
124 FASTENER DRIVE
LYNCHBURG, VA 24502

Mailing Address
P.O. BOX 10518
LYNCHBURG, VA 24506

DO NOT WRITE IN THIS SPACE



03172006 No Chg-P CR2E034 (11/05)

4. FEI Number 54-1021145	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 if applicable (NOTE: Registered Agent signature required when reinstating)

**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

000000475661
04/05/06-00025-008 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CARTER, JACK E 124 FASTENER DRIVE LYNCHBURG, VA 24502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLF, JEFFREY S 124 FASTENER DRIVE LYNCHBURG, VA 24502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAYMOND, GEORGE F 124 FASTENER DRIVE LYNCHBURG, VA 24502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: George F. Raymond, CEO 3-17-06 434-525-0719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #