


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90037 048 ***150.00

DOCUMENT # G27431 1. Entity Name AIR-TEC, INC.					
Principal Place of Business 2412 U.S. HWY 1 MIMS, FL 32754 US			Mailing Address 559 LA JARDIN EDGEWATER, FL 32141 US		
2. Principal Place of Business - No P.O. Box # 2348 KENTUCKY AVE		3. Mailing Address 2348 KENTUCKY AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIMS, FLA		City & State MIMS, FLA		4. FEI Number 59-2322270	
Zip 32754		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATERS, CAROL J 559 LA JARDIN EDGEWATER, FL 32141			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2348 KENTUCKY AVE City MIMS FL Zip Code 32754		
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 <u><i>Carol J. Waters</i></u> CAROL J. WATERS, S 2/17/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATERS, RICHARD A JR. 1041 JACARANDA CIRCLE ROCKLEDGE, FL 329554176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2348 KENTUCKY AVE MIMS, FL 32754	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WATERS, CAROL J 559 LA JARDIN EDGEWATER, FL 32141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2348 KENTUCKY AVE MIMS, FL 32754	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD WATERS, RICHARD A SR 559 LA JARDIN EDGEWATER, FL 32141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2348 KENTUCKY AVE MIMS, FLA 32754	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Carol J. Waters, Secretary</i></u> CAROL J. WATERS 321-264-4744 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2/17/07 Daytime Phone #</small>					