2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # G31731

1. Entity Name
PERFORMANCE AIR OF SOUTHWEST FLORIDA, INC.

Principal Place of Business
5871 COUNTRY LAKES DR
FORT MYERS, FL 33905-5504

Mailing Address
5871 COUNTRY LAKES DR
FORT MYERS, FL 33905-5504

04082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2268032 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, JAMES E
705 HENRY AVENUE
LEHIGH ACRES, FL 33936

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

100000280099
04/22/08-80081-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EDWARDS, JAMES D
STREET ADDRESS	705 HENRY AVE
CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	VPD
NAME	BEVIS, CAROLE
STREET ADDRESS	3276 62ND AVE
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	SEC
NAME	EDWARDS, JAMES D
STREET ADDRESS	705 HENRY AVENUE
CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	TRES
NAME	BEVIS, CAROLE
STREET ADDRESS	3276 62ND AVENUE
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: D Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/08
Date

(239) 334-0337
Daytime Phone #