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2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # K01233

1. Entity Name
FURRER AIR, INC.

Principal Place of Business	Mailing Address
1323 BLACK WILLOW TRAIL ALTAMONTE SPRINGS, FL 32714	P.O. BOX 940363 MAITLAND, FL 32794-0363 US

04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2855372
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FURRER, CHARLES D.
1323 BLACK WILLOW TRAIL
ALTAMONTE SPRINGS, FL 32714

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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 types or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FURRER, CHARLES D.
STREET ADDRESS	1323 BLACK WILLOW TRAIL
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL
TITLE	VD
NAME	FURRER, JOSEPH F.
STREET ADDRESS	1905 HEWETT LANE
CITY-ST-ZIP	MAITLAND, FL
TITLE	TD
NAME	FURRER, MARY E.
STREET ADDRESS	1905 HEWETT LANE
CITY-ST-ZIP	MAITLAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/13/06-80065-013 150.00

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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: _____ Pres. 4-28-06 407-260-2620
(SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR) (Date) (Daytime Phone #)