

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # K01233 1. Entity Name FURNER AIR, INC.	
---	---

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

DO NOT WRITE IN THIS SPACE

04282006 No Chg-P CR2E034 (11/05)

6. 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	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 types printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when submitting) DATE _____

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

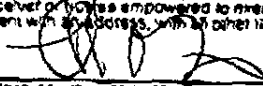
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

TO: OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO FURRER, CHARLES D. 1323 BLACK WILLOW TRAIL ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO FURRER, JOSEPH F. 1905 HEWETT LANE MAITLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FURRER, MARY E. 1905 HEWETT LANE MAITLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000550555
05/13/06-80065-013 150.00

**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 17B, Florida Statutes. I further certify that the information indicated on this report or supplementary 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 an other law empowered.

SIGNATURE:  Pres. 4-28-06 407-260-2620

SIGNATURE AND TYPED OR PRINTED NAME OF SHARING OFFICER OR DIRECTOR

Date

Signature Page 1