


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # K45038 1. Entity Name MODERN AUTO AIR, II, INC.	
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Principal Place of Business 1437 DEL PRADO BLVD CAPE CORAL, FL 33990	Mailing Address 1437 DEL PRADO BLVD CAPE CORAL, FL 33990
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DO NOT WRITE IN THIS SPACE



04132007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0169310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GELARDI, VICKIE L 5389 FAIRFIELD WAY FORT MYERS, FL 33919
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**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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEE, CHRISTINE G 1579 SAUTERN DR FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GELARDI, VICKIE L. 5389 FAIRFIELD WAY FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GELARDI, JACQUELINE 5389 FAIRFIELD WAY FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GELARDI, MICHAEL J 5649 EICHEN CIR FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000733117
05/09/07-80075-005 150.00

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: Vickie L. Gelardi VICKIE L. GELARDI 4/21/07 772-5553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #