

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2005 8:00 am**  
**Secretary of State**

01-13-2005 90004 009 \*\*\*150.00

**DOCUMENT # M75252**

1. Entity Name  
**AIR CONSULTING AND ENGINEERING, INC.**



Principal Place of Business <b>2106 N.W. 67TH PLACE SUITE 4 GAINESVILLE, FL 32653 US</b>	Mailing Address <b>2106 N.W. 67TH PLACE SUITE 4 GAINESVILLE, FL 32653 US</b>
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**50002192**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2883724</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GAGICH, GLORIA K  
2106 NW 67 PL  
SUITE 4  
GAINESVILLE, FL 32606**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	TS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAGICH, GLORIA K			NAME			
STREET ADDRESS	2106 NW 67 PL			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32653			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NECK, STEPHEN			NAME	NECK, STEPHEN L.		
STREET ADDRESS	2006 NW 55TH AVE.			STREET ADDRESS	2106 NW 67TH PL SUITE 4		
CITY-ST-ZIP	GAINESVILLE, FL 32653			CITY-ST-ZIP	GAINESVILLE FL 32653		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FICK, DAGMAR			NAME			
STREET ADDRESS	2106 NW 67 PL			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32653			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Gloria K. Gagich **GLORIA K GAGICH** 1/1/05 (352) 335-1889  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #