

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # M75252	
1. Entity Name AIR CONSULTING AND ENGINEERING, INC.	

Principal Place of Business 2106 N.W. 67TH PLACE SUITE 4 GAINESVILLE, FL 32653 US	Mailing Address 2106 N.W. 67TH PLACE SUITE 4 GAINESVILLE, FL 32653 US
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04092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2883724	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

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

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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000890815
 04/22/08-80109-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GAGICH, GLORIA K 2106 NW 67 PL GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NECK, STEPHEN 2106 NW 67TH PL SUITE 4 GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FICK, DAGMAR 2106 NW 67 PL GAINESVILLE, FL 32653
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Gloria K. Gagich **GLORIA K GAGICH** 4/8/08 352 335-1889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #