· '2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED AN		Service Service		
DOCUMENT # N0500007509 1. Entity Name AIRI ACRES, INC.			08 OCT - 1 AM 10: 53 OB OCT - 1 AM 10: 53 OB OCT - 1 AM 10: 53	
Principal Place of Business Mailing Address 610 N PARROTT AVE 610 N PARROTT AVE 0KEECHOBEE, FL 34972 OKEECHOBEE, FL 34972		072		
Principal Place of Business - No PO Box # 3. Mailing Address				
Suite, Apt. #, etc Suite, Apt. #, etc			09162008 Chg-N	P CR2E037 (12/06)
City & State City & State			4. FEI Number 20-3299092	Applied For Not Applicable
Zip Country	Zıp	Country	5. Certificate of Status I	SR 75 Additional
6. Name and Address of Curren	t Registered Agent	<u></u>	7. Name and Address	of New Registered Agent
MURPHY, THOMAS R 610 N PARROTT AVE OKEECHOBEE, FL 34972	Name AN Street Addr	ANITA NUNEZ Street Address N. Op Box Number is Not Acceptable)		
/		City	Okeechobee FL Zip Code 34972	
8. The above named entity supmits this statement for the purpose of changing its regis			Okeechobee FL 34972 ed office or registered agent, or both, in the State of Florida 1 am familiar with, and accept	
signature X Signative typed or primed household age!	Land little if applicable (NOT	b. Registered Agent signature ro	Guired where reinstations)	9-25-08
	<u> </u>	mpaign Financing		
Amended AR is \$61.25	Trust Fund (\$5.00 May 8e Added to Fees	Make check payable to Florida Department of State
10. OFFICERS AND D	IRECTORS Delete	11.	ADDITIONS/CHANGES TO	O OFFICERS AND DIRECTORS IN 10 Change Addition
NAME ANITA, NUNEZ STREEL ADDRESS 610 N PARROTT AVE CHY-ST-ZIP OKEECHOBEE, FL 34972		NAME STREET ADDRESS CITY ST-ZIP	800 1 10/02/08-	136580938 01048007 **61.25
D	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Change ☐ Addition
TITLE D THOMAS, MURPHY R STREET ADDRESS 610 N PARROTT AVE CITY-SI-ZIP OKEECHOBEE, FL 34972	X) Delete	NAMÉ :	Randal D. Weigur 1306 SE 12th Dr Okeechobee, FL	ive
TITLE NAME STREET ADDRESS CITY S1-21P	□ Defete	TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Change ☐ Addition
IIILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Detete	TITLE NAME STREET ADDRESS CHY-SI-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. Thereby certify that the information supplied wit indicated on this report or supplemental report of the corporation or the receiver or trustee empichanged, or on an attachment with an address. SIGNATURE: X	is true and accurate and that r powered to execute this report	ny signature shall have as required by Chapter	the same legal effect as if mad	fe under oath: that I am an officer or director