


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90104 021 ***150.00

DOCUMENT # P00000034712	
1. Entity Name AIR SOURCE CORPORATION	

Principal Place of Business 4608 N. HIATUS RD. SUNRISE, FL 33351	Mailing Address 4608 N. HIATUS RD. SUNRISE, FL 33351
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2. Principal Place of Business - No P.O. Box # 1319 ST. TROPEZ CIRCLE	3. Mailing Address 1319 ST TROPEZ CIRCLE
Suite, Apt. #, etc. UNIT 1207	Suite, Apt. #, etc. UNIT 1207
City & State WESTON, FL	City & State WESTON, FL
Zip 33326	Country BROWARD



01132007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0996525	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VASEY, DAVID 1319 ST. TROPEZ CIRCLE UNIT 1207 FORT LAUDERDALE, FL 33326	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VASEY, DAVID 1319 ST. TROPEZ CIRCLE, UNIT 1207 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD VASEY, CONNIE 1319 ST. TROPEZ CIRCLE, UNIT 1207 FORT LAUDERDALE, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: David J. Vasey **DAVID J. VASEY** 1/13/07 239/229-6633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #