

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # P00000107418

1. Entity Name
ARTIC AIR OF ENGLEWOOD, INC.



Principal Place of Business
**1680 FAUST DR
ENGLEWOOD, FL 34224**

Mailing Address
**PO BOX 279
ENGLEWOOD, FL 34295**



01132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1075747	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

**WALLICE, LYLE
1680 FAUST DR
ENGLEWOOD, FL 34224**

**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

L. Wallace

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-2008

**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

U00000785647
01/17/08-80009-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALLICE, LYLE
STREET ADDRESS	1680 FAUST DR.
CITY-ST-ZIP	ENGLEWOOD, FL 34224

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

L. Wallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-2008 (941) 475-2008

Date

Daytime Phone #