# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 03, 2005 8:00 am**
**Secretary of State**
06-03-2005 90003 023 ***150.00

DOCUMENT # P01000026134

1. Entity Name
AIRHEAD AIRBRUSH.COM, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1501 SECOND AVE. EAST<br>TAMPA, FL 33605 | 1501 SECOND AVE. EAST<br>TAMPA, FL 33605 |

D05053328

06012005 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5378 SE 13th TER | 5378 SE 13th TER |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Ocala, FL | City & State: Ocala, FL |
| Zip: 34480 Country: USA | Zip: 34480 Country: USA |

4. FEI Number: 59-3707031 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

HABER, RICHARD M
1311 N. CHURCH AVE.
TAMPA, FL 33607

**7. Name and Address of New Registered Agent**

Name: Donald S Johnson
Street Address (P.O. Box Number is Not Acceptable): 5378 SE 13th Ter
City: Ocala FL Zip Code: 34480

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: Donald Johnson 5/31/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WILLIAMS, JOSEPH M<br>1501 SECOND AVE. E.<br>TAMPA, FL 33605 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/D<br>Donald Johnson<br>5378 SE 13th TER<br>Ocala, FL 34480 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KIRKLAND, GEORGE W<br>1501 SECOND AVE. EAST<br>TAMPA, FL 33605 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JOHNSON, DONALD<br>1501 SECOND AVE. EAST<br>TAMPA, FL 33605 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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 the other like empowered.

**SIGNATURE:** Donald S Johnson 5/31/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #