

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90049 006 ***150.00

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1. Entity Name
AIR WORKS, INC.

Principal Place of Business
7822-1 PLUMMER ROAD
JACKSONVILLE, FL 32219

37848 Kingsferry Rd
Hilliard, FL
32046

Mailing Address
37848 Kingsferry Rd
7822-1 PLUMMER ROAD
JACKSONVILLE, FL 32219 Hilliard, FL
32046

40011071



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3737114

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEAD, KOKO P.A.
9309 OLD KINGS ROAD SOUTH
SUITE 4
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

Name Sherry Ray
Street Address (P.O. Box Number is Not Acceptable)
37848 Kingsferry Rd
City Hilliard FL Zip Code 32046

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 Sherry Ray Sherry Ray 1/31/07
Signature, typed or printed name of registered agent and title if applicable (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

TITLE	DV	<input type="checkbox"/> Delete
NAME	RAY, MICHAEL K	
STREET ADDRESS	7822-1 PLUMMER ROAD 37848 Kingsferry Rd	
CITY - ST - ZIP	JACKSONVILLE, FL 32219 Hilliard, FL 32046	
TITLE	DP	<input type="checkbox"/> Delete
NAME	RAY, SHERRY L	
STREET ADDRESS	7822-1 PLUMMER ROAD 37848 Kingsferry Rd	
CITY - ST - ZIP	JACKSONVILLE, FL 32219 Hilliard, FL 32046	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: Sherry Ray President 1/31/07 904-783-3444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #