

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000134383

1. Entity Name
AERIAL INFRARED SERVICES, INC.



Principal Place of Business
6739 SOUTH DAUGHTRY BLVD
JACKSONVILLE, FL 32210

Mailing Address
6739 SOUTH DAUGHTRY BLVD
JACKSONVILLE, FL 32210



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1039194

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOGSDON, TODD W
6739 SOUTH DAUGHTRY BLVD
JACKSONVILLE, FL 32210

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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 _____ 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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOURDON, JR, DAVID A
STREET ADDRESS	P.O. BOX 1367
CITY - ST - ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	DVP
NAME	SURRATT, EARL F
STREET ADDRESS	2388 SILVER MOSS CIRCLE
CITY - ST - ZIP	MIDDLEBURG, FL
TITLE	STD
NAME	LOGSDON, W. TODD
STREET ADDRESS	6739 SOUTH DAUGHTRY BLVD
CITY - ST - ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/19/06-80057-015 150.00

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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: **VP/Treasurer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-993-2860

Date Daytime Phone #