

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000056865

1. Entity Name
MR AIR OF FLORIDA, INC.



Principal Place of Business
6995 78TH AVE
PINELLAS PARK, FL 33781

Mailing Address
P.O. BOX 3268
PINELLAS PARK, FL 33780



04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0389511 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHLENTHER, JON E
6995 78 AVE
PINELLAS PARK, FL 33781

**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

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, 2005 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 SCHLENTHER, JON E
STREET ADDRESS 6695 78 AVE
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE TD
NAME SCHLENTHER, KIMBERLY
STREET ADDRESS 6695 78 AVE
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE SD
NAME SCHLENTHER, SHIRLEY P
STREET ADDRESS 34639 LAKE DRIVE
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000292890
04/08/05-80007-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Jon E. Schlechter
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 05/05 727-544-5223

Date

Daytime Phone #