2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000056865

Address:

City-St-Zip:

11356 94 ST

LARGO, FL 33773

Entity Name: MR AIR OF FLORIDA, INC.

FILED Apr 25, 2009 Secretary of State

Littly Nai	IIIC. WIR AIR	OF FLORIDA, INC.				
Current P	rincipal Plac	e of Business:	New Princ	New Principal Place of Business:		
6995 78TH PINELLAS	HAVE SPARK, FL 33	3781				
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX PINELLAS	3268 PARK, FL 33	3780				
FEI Number:	: 20-0389511	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired (X)	
Name and	l Address of	Current Registered Agent:	Name and	Address of	f New Registered Agent:	
6995 78 A\ PINELLAS	PARK, FL 33					
	enamed entity e of Florida.	submits this statement for the	e purpose of changing i	its registered	d office or registered agent, or both,	
SIGNATU	RE:					
	Electro	nic Signature of Registered A	gent	Date		
Election Car	mpaign Financir	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	6695 78 AVE Address: 699		SCHLENTHE 6995 78 AVE	SCHLENTHER, JON E		
Title: Name: Address: City-St-Zip:	SCHLENTHER 6695 78 AVE) Delete R, KIMBERLY RK, FL 33781	Title: Name: Address: City-St-Zip:	SCHLENTHE 6995 78 AVE	(X) Change () Addition ER, KIMBERLY E ARK, FL 33781	
Title: Name: Address: City-St-Zip:	SCHLENTHER 34639 LAKE [•	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	VD () Delete	Title:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JON SCHLENTHER PD 04/25/2009