2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2008 08:00 Al Secretary of State

ANNUAL REPORT				Secretary of Sta		
	MENT # P030001009	06			Secretary of Sta	
1. Entity Name RC AIR & ELECTRIC INC.						
Principal Plac	ce of Business	Mailing Address	0,12	ļ		
17404 US HWY 41 PO BOX 600		PO BOX 600				
LUTZ, FL 33	3549	LUTZ, FL 33548				
					24 18 15 24 34 34 34 36 36 36 36	
a Sec.		,	_	01122008	No Chg-P CR2E034 (11/05)	
	OO NOT WRITE	IN THIS SPA	CE	4. FEI Numb		
				20-022		
				5. Certificate	of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent	1			
CODERRE, RONALD E				DO	NOT WRITE	
7810 CR 609A BUSHNELL, FL 33513			<u> </u>		THIS SPACE	
				114	INIS 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	httle if applicable. (NOTE Registere	ed Agent signature required	when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees		
10.	OFFICERS AND DI	RECTORS				
TITLE NAME	PTDS CODERRE, RONALD E					
STREET ADDRESS	7810 CR 609A					
CITY-ST-ZIP	BUSHNELL, FL 33513		-		U00000792964 01/24/08-80031-007 150.00	
NAME					01/24/08-80031-001 150.00	
STREET ADDRESS CITY-ST-ZIP						
TITLE			1			
NAME STREET ADDRESS				D O	NOT WOITE	
CITY-ST-ZIP			1		NOT WRITE	
TITLE NAME			,	IN.	THIS SPACE	
STREET ADDRESS						
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·				
TUILE NAME						
STREET ADDRESS						
CITY-SI-ZIP			-	v	: 6	
TITLE NAME					and the second second	
STREET ADDRESS			I		, ,	

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 VOIL

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Desident

1-21-08 (813)-909

Daytime Phone #