

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90012 017 ***150.00

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1. Entity Name

JOES' AIRE, INC.



Principal Place of Business

7037 WAIKIKI RD.
JACKSONVILLE FL 32216

Mailing Address

7037 WAIKIKI RD.
JACKSONVILLE FL 32216

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

2320 Emerson St.

Suite, Apt. #, etc.

3. Mailing Address

2320 Emerson St.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)



City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number 20-0366115

Applied For
Not Applicable

Zip Country
32207 USA

Zip Country
32207 USA

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

6. Name and Address of Current Registered Agent

STEELE, BOBBY J
7037 WAIKIKI RD.
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME STEELE, BOBBY J
STREET ADDRESS 7037 WAIKIKI RD.
CITY- ST- ZIP JACKSONVILLE FL 32216

TITLE D ☐ Delete
NAME STEELE, JULIE
STREET ADDRESS 7037 WAIKIKI RD.
CITY- ST- ZIP JACKSONVILLE FL 32216

TITLE D ☒ Delete
NAME REINHARDT, LARRY
STREET ADDRESS 7037 WAIKIKI RD.
CITY- ST- ZIP JACKSONVILLE FL 32216

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY- ST- ZIP

TITLE ☐ Change ☐ 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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #