

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150482

FILED  
Jan 31, 2006  
Secretary of State

Entity Name: AIR MASTERS OF SOUTHWEST FLORIDA, INC.

## Current Principal Place of Business:

213 SW 12TH STREET  
CAPE CORAL, FL 33991 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 151447  
CAPE CORAL, FL 33915 US

## New Mailing Address:

FEI Number: 20-0510134      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, ARNOLD  
213 SW 12TH STREET  
CAPE CORAL, FL 33991 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: FLOYD, JERRY D  
Address: 6330 BRIARWOOD TRAIL  
City-St-Zip: FORT MYERS, FL 33912 US

Title: ST ( ) Delete  
Name: JOHNSON, JONATHAN D  
Address: 20650 WILLIAMS RD.  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: P ( ) Delete  
Name: JOHNSON, ARNOLD  
Address: 213 SW 12TH ST  
City-St-Zip: CAPE CORAL, FL 33991

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: ARNOLD G. JOHNSON

P

01/31/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date