## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**FILED** Jan 18, 2007 08:00 AM **Secretary of State** 

**DOCUMENT # P03000153310** 

1. Entity Name
ALL AIR SERVICES, INC.



Principal Place of Business

24021 JENNINGS ROAD MYAKKA CITY, FL 34251 Mailing Address

24021 JENNINGS ROAD MYAKKA CITY, FL 34251



01042007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0520079

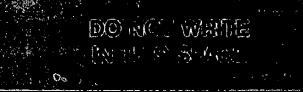
Applied For Not Applicable

Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

HOOGERHEYDE, KENNETH 24021 JENNINGS ROAD MYAKKA CITY, FL 34251



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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent algnature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

<del>000000590414</del> 01/18/07-80057-006 150.00

OFFICERS AND DIRECTORS 10. TITLE HOOGERHEYDE, KENNETH NAME STREET ADDRESS 24021 JENNINGS RD CITY-ST-ZIP MYAKKA CITY, FL 34251 VP TITLE HOOGERHEYDE, THERESA NAME 24021 JENNINGS RD STREET ADDRESS CITY-ST-ZIP MYAKKA CITY, FL 34251 TITLE NAME HOOGERHEYDE, KENNETH STREET ADDRESS 24021 JENNINGS RD DO NOT WRITE CITY-ST-ZIP MYAKKA CITY, FL 34251 N THE SPACE TITLE HOOGERHEYDE, THERESA 24021 JENNINGS RD STREET ADDRESS CETY-ST-ZIP MYAKKA CITY, FL 34251 MILE NAME STREET ADDRESS CITY-ST-ZIP 1111 F NAME STREET ADDRESS CITY-ST-7IP

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 impowered.

SIGNATURE: