2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000011726

1. Entity Name
FLORIDAIR, INC.

Principal Place of Business	Mailing Address
117 EAGLES NEST LANE CRESCENT CITY, FL 32112	117 EAGLES NEST LANE CRESCENT CITY, FL 32112

DO NOT WRITE IN THIS SPACE

01052006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
11-3725522		Not Applicable

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

6. Name and Address of Current Registered Agent

HAENFLER, JAMES
20 N. SUMMIT ST.
CRESCENT CITY, FL 32112

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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, 2006 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	BECK, THOMAS W M
STREET ADDRESS	117 EAGLES NEST LANE
CITY-ST-ZIP	CRESCENT CITY, FL 32112
TITLE	ST
NAME	BECK, PETA W
STREET ADDRESS	117 EAGLES NEST LANE
CITY-ST-ZIP	CRESCENT CITY, FL 32112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/06-80051-020 150.00

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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: _____ Thomas Beck 1-5-6 386-467-9281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #