

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90016 038 ***150.00

DOCUMENT # P04000062132

1. Entity Name
ALL FLORIDA CUSTOM AIR, INC.



Principal Place of Business
6942 12TH ST WEST
JAC SONVILLE, FL 32220

Mailing Address
6942 12TH ST WEST
JACKSONVILLE, FL 32220

40026927



2. Principal Place of Business - No P.O. Box #
6952 12th ST WEST
Suite, Apt. #, etc.

3. Mailing Address
6952 12th ST WEST
Suite, Apt. #, etc.

02282007 Chg-P CR2E034 (12/06)

City & State
JACKSONVILLE, FL.
Zip 32220 Country

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JACKSONVILLE, FL
Zip 32220 Country

4. FEI Number
20-1025676

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FORD, BOWLUS, DUSS, MORGAN, KENNEY, ET AL
10110 SAN JOSE BLVD
JACKSONVILLE, FL 32257

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

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

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME MALLE, FRANK ☐ Delete
STREET ADDRESS 6942 12TH ST WEST
CITY-ST-ZIP JACKSONVILLE, FL 32220

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PTD ☒ Change ☐ Addition
NAME MALLE, FRANK
STREET ADDRESS 6952 12th ST WEST
CITY-ST-ZIP JACKSONVILLE, FL 32220

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

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

TITLE ☐ Change ☐ Addition
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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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/07

904-260-2000