

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90025 047 \*\*\*150.00

<b>DOCUMENT # P04000072568</b>					
<b>1. Entity Name</b> AIRWICK/AIRKEM PROFESSIONAL PRODUCTS AND SERVICE, INC.					
<b>Principal Place of Business</b> 3334 PERIMETER DRIVE GREENACRES, FL 33467			<b>Mailing Address</b> 3334 PERIMETER DRIVE GREENACRES, FL 33467		
<b>2. Principal Place of Business - No P.O. Box #</b> 14450 SW SAND WEDGE DR.		<b>3. Mailing Address</b> 14450 SW SAND WEDGE DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> INDIANTOWN FLORIDA		<b>City &amp; State</b> INDIANTOWN FLORIDA		<b>4. FEI Number</b> 20-1085488	
<b>Zip</b> 34956		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410				<b>7. Name and Address of New Registered Agent</b> Name <u>WILLIAM C. BESTWICK</u> Street Address (P.O. Box Number is Not Acceptable) 14450 SW SAND WEDGE DRIVE City <u>INDIANTOWN</u> <u>FL</u> Zip Code <u>34956</u>	
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D	<b>NAME</b> BESTWICK, WILLIAM C	<input type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 3334 PERIMETER DRIVE			<b>NAME</b>		
<b>CITY-ST-ZIP</b> GREENACRES, FL 33467			<b>STREET ADDRESS</b> 14450 SW SAND WEDGE DRIVE		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b> INDIANTOWN FLORIDA 34956		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>			<b>NAME</b>		
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
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<b>STREET ADDRESS</b>			<b>NAME</b>		
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<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>			<b>NAME</b>		
<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>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</b>					
<b>SIGNATURE:</b> <u>William C. Bestwick</u>			Date <u>3/2/07</u> Daytime Phone # <u>5616396673</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

WILLIAM C. BESTWICK