

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90021 020 \*\*\*158.75

**DOCUMENT # P04000096905**

1. Entity Name  
**AIR'S A GAS, INC.**



Principal Place of Business  
**3728 BERENTSTAIN DRIVE  
SAINT AUGUSTINE, FL 32092 US**

Mailing Address  
**3728 BERENTSTAIN DRIVE  
SAINT AUGUSTINE, FL 32092 US**

**40098455**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07032006

Chg-P

CR2E034 (11/05)

4. FEI Number

**20-1304132**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOSS, R. SCOT  
330 NORTH SHORE CIRCLE  
UNIT 1113  
ST. AUGUSTINE, FL 32092**

Name

**FOSS, R. SCOT**

Street Address (P.O. Box Number is Not Acceptable)

**3728 BERENTSTAIN DRIVE**

City

**St. Augustine**

FL

Zip Code

**32092**

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

*Daisy B. Foss*

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

(NOTE: Registered Agent signature required when reinstating)

**7-3-06**

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FOSS, R. SCOT	
STREET ADDRESS	3728 BERENTSTAIN DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FOSS, BETSY S	
STREET ADDRESS	3728 BERENTSTAIN DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Daisy B. Foss*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-3-06**

Date

**904-940-6940**

Daytime Phone #