

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90042 033 ***150.00

DOCUMENT # P04000137587	
1. Entity Name OREAIR QUALITY ELECTRIC, INC.	



Principal Place of Business 85024 DELEENE ROAD YULEE, FL 32097 US	Mailing Address 85024 DELEENE ROAD YULEE, FL 32097 US
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40052333



2. Principal Place of Business - No P.O. Box # 15409 Cape Dr. N Suite, Apt. #, etc.	3. Mailing Address 15409 Cape Dr. N Suite, Apt. #, etc.
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04042007 Chg-P CR2E034 (12/06)

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32226	Country US
Zip 32226	Country US

4. FEI Number 20-1700606	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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- 6. Name and Address of Current Registered Agent OREAIR, STEPHEN W 85024 DELEENE ROAD YULEE, FL 32097	
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7. Name and Address of New Registered Agent Name: Oreair, Stephen W Street Address (P.O. Box Number is Not Acceptable) 15409 Cape Dr N City: Jacksonville FL Zip Code: 32226	
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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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T OREAIR, STEPHEN W 85024 DELEENE ROAD YULEE, FL 32097 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OREAIR, NATHAN L 85024 DELEENE ROAD JACKSONVILLE, FL 32097 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OREAIR, AMBER B 85024 DELEENE ROAD JACKSONVILLE, FL 32097 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Stephen W. Oreair **4-4-07** **404-696-1266**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #