


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90023 001 ***300.00

DOCUMENT # P05000001117 1. Entity Name TESTAIRNOW, INC.			
Principal Place of Business 1486 THIRD STREET SOUTH JACKSONVILLE BEACH FL 32250		Mailing Address 1486 THIRD STREET SOUTH JACKSONVILLE BEACH FL 32250	
2. Principal Place of Business No P.O. Box # 370 4th Ave S.		3. Mailing Address 370 4th Ave S	
Suite, Apt. #, etc. 100		Suite, Apt. #, etc. 100	
City & State Jacksonville Beach, FL		City & State Jacksonville Beach FL	
Zip 32250		Zip 32250	
Country USA		Country USA	
6. Name and Address of Current Registered Agent GLAZIER & GLAZIER, P.A. 8825 PERIMETER PARK BLVD. SUITE 504 JACKSONVILLE FL 32216		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and file compilation. (NOTE: Registered Agent signature required when nonattorney)</small>			
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEPHERD, JOHN B 1486 THIRD STREET SOUTH JACKSONVILLE BEACH FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #