

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000068789	
1. Entity Name AIRJUNK, INC.	

Principal Place of Business 5326 AIRPARK LOOP EAST GREEN COVE SPRINGS, FL 32043 US	Mailing Address P O BOX 1367 GREEN COVE SPRINGS, FL 32043 US
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DO NOT WRITE IN THIS SPACE



07142007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2840229	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOURDON, DAVID 5326 AIRPARK LOOP EAST GREEN COVE SPRINGS, FL 32043
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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 _____ Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOURDON, DAVID P O BOX 1367 GREEN COVE SPRINGS, FL 32043
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07/19/07-80005-001 150.00

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: <i>David A. Bourdon, Jr.</i>	17 JULY 2007 (904) 710-1944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #