


2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL
08-29-2006 90059 001 ***150.00
08-29-2006 90059 002 *****8.75
P05000078925

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P05000078925			
1. Entity Name OZONA AIR, INC.			
Principal Place of Business 400 PINE WARBLER WAY N. PALM HARBOR, FL 34683		Mailing Address 400 PINE WARBLER WAY N. PALM HARBOR, FL 34683	
2. Principal Place of Business		3. Mailing Address 1024 Conoley Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Holiday, Fla	
Zip	Country	Zip	Country
		34691	US
4. FEI Number 20-293 7303		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EVANS, HERBERT T 400 PINE WARBLER WAY N. PALM HARBOR, FL 34683		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P HERBERT T. EVANS JR. 1024 CONOLEY LANE HOLIDAY, FL 34691			
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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>Herbert T. Evans Jr.</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR			

Document corrected per Jeanette Belieu. psc