

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 DEC -2 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05012008 Chg-P CR2E034 (12/06)

DOCUMENT # P05000078925

1. Entity Name
OZONA AIR, INC.



Principal Place of Business
**400 PINE WARBLER WAY N
PALM HARBOR, FL 34683 US**

Mailing Address
**313 S. SPRING BLVD
TARPON SPRINGS, FL 34689 US**

2. Principal Place of Business - No P.O. Box #
118 E. Tarpon Ave.

Suite, Apt. #, etc.
Suite 1

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State
Tarpon Springs, FL

Zip
34689

Country
USA

4. FEI Number
20-2937303

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EVANS, HERBERT T JR
400 PINE WARBLER WAY N
PALM HARBOR, FL 34683**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$160.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Did not receive notice to file 2008 Report.

10. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> Delete
NAME EVANS, HERBERT T JR	
STREET ADDRESS 1034 GONSOLEY LANE	
CITY - ST - ZIP HOLIDAY, FL 34681	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 118 E TARPON AVE. Suite 1	
CITY - ST - ZIP Tarpon Springs, FL 34689	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 000138442950	
CITY - ST - ZIP 12/04/08--01042--004 **158.75	
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: *[Signature]* **11/20/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____