2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 16, 2007 8:00 am Secretary of State

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DOCUMENT # P05000130131 1. Entity Name AIR FORCE 1, INC.								08-16-200	07 90015 01	1 ***1.	50.00	
Principal Plac	ce of Business		Mailing Address		1		1 <i>.</i>					
1410 GOLDEN GATE BLVD W NAPLES, FL 33964 US			1410 GOLDEN GATE B NAPLES, FL 33964	BLVD W Us								
}												
Incipal Place of Business - No P.O. Box #			14/0 GOLDEN GATE BLUD W			ريلا						
ite, Apt. #, etc.			Suite, Apt. #, etc.	977E.	DLVO		05292007	Chg-P	CR2E034	1 (12/06)	·	
City & Star	te S F L	City & State			4. FEI Numb	-			oplied For			
		ountry	Zip	COun	try					8.75 Add	ot Applicable	
Zip 3 41 2	0	Ĺs.	34120		ίS		5. Certificate	of Status Desired		e Require		
	6. Name and	Address of Current F					7. Name and Address of New Registered Agent					
SOUTHWEST PROFESSIONAL SERVICES OF S FL IN						Name						
13571 MC	GREGOR BLY	/D 22	2001 012111		Street Address (P.O. Box Number is Not Acceptable)							
			City					FL	Zip Cod	8		
8. The above	e named entity sub	mits this statement for	the purpose of changing its	s register	ed office o	r register	ed agent, or bo	th, in the State of I	Florida. I am far	niliar with,	and accept	
the obliga	tions of registered	agent.										
SIGNATURE.		ted name of registered agent ar	nd hile if applicable (NO)	TE: Bogratora	4 4		I when reinstating)					
	ogradus, types a prin	too no no ogata ed agent at	to alte a application. (NO	c. negatore	u Agent signa	me required	i when reinstating)		DATE			
1		EE IS \$150.00 aber 14, 2007	9. Election Campaign Financing Trust Fund Contribution.				5.00 May Be ded to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10.	T = = =	OFFICERS AND D	DIRECTORS	11.			ADDITIONS	CHANGES TO OF	FICERS AND D	RECTOR	S IN 11	
NAME LEMOINE, ROBERT			☐ Delete	TITLE		PO	4 (3) A) \$	Ausen.	,	Change	■ Addition	
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NAME				NAM	Ε					-		

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: __

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Date

Daytime Phone #

Change

Addition