

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 14, 2008 08:00 A
Secretary of State

DOCUMENT # P05000144504

1. Entity Name
NEENIE AIR, INCORPORATED



Principal Place of Business

20020 VETERANS BLVD., #5
PORT CHARLOTTE, FL 33954 US

Mailing Address

20020 VETERANS BLVD., #5
PORT CHARLOTTE, FL 33954 US



01292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3816642

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEILER, R. JEFF
20020 VETERANS BLVD STE 5
PORT CHARLOTTE, FL 33954

**DO NOT WRITE
IN THIS SPACE**

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, the registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME WEILER, JANEEN M
STREET ADDRESS 20020 VETERANS BLVD., #5
CITY-ST-ZIP PORT CHARLOTTE, FL 33954

TITLE SEC
NAME WEILER, R J
STREET ADDRESS 20020 VETERANS BLVD., #5
CITY-ST-ZIP PORT CHARLOTTE, FL 33954

TITLE
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U000000858684
04/01/08-80054-023 158.75

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #