## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the receif changed, or on an attachme

SIGNATURE:

## Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # P05000144898** 1. Entity Name 04-24-2006 90459 026 \*\*\*158.75 AIR EXPRESS HOME SERVICES, INC. Principal Place of Business Mailing Address 12427 NORTH ELORIDA AVE. TAMPA FL 33612 12427 NORTH FLORIDA AVE **TAMPA FL 33612** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4) FEI Number Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLACKLIDGE, RAYMOND M ESQUIRE 28810 FALLING LEAVES WAY WESLEY CHAPEL, FL 33543 8. The above named entity submits this statement for the purpose of changing its registered office of or both, in the State of Florida. the obligations of registered agen SIGNATURE Registered Agent signali FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE Delete TITLE BUTTLER, AUSTIN E NAME NAME 17518 DRAKE CT 17518 BREAK GOURT DRAKE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LUTZ FL 33559 CITY-ST-ZIP ☐ Addition ☐ Delete TIFLE TITLE BUTTLER, LAURA 17518 DRAKE CT 17518 BREAK COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LUTZ FL 33559 CITY-ST-ZIP THLE ☐ Delete\_ TITLE Change. \_ \_ Addition NAME SMITH, DONALD L NAME STREET ADDRESS STREET ADDRESS 5140 SHERRY LANE CLEY-ST-ZIP NEW PORT RICHEY FL 34652 CITY-ST-ZIP ☐ Addition ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 received 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

**FILED**