

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P06000095879



1. Entity Name

AIR TO GROUND MOBILE POLISHING SYSTEMS

Principal Place of Business
2771 CORBUSIER DR.
MELBOURNE FL 32935

Mailing Address
2771 CORBUSIER DR.
MELBOURNE FL 32935



2. Principal Place of Business - No P.O. Box #

MOBILE

3. Mailing Address

2771 CORBUSIER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

MELBOURNE

City & State

MELBOURNE

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

32935

Country

FLORIDA

Zip

32935

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OATES, DANA R
2771 CORBUSIER DR
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name

DANA R OATES

Street Address (P.O. Box Number is Not Acceptable)

2771 CORBUSIER DR

City

MELBOURNE

FL

Zip Code

32935

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
OWNE
OATES, DANA R
2771 CORBUSIER DR
MELBOURNE FL 32935 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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CITY- ST- ZIP
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CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
U00000635299
02/23/07-80008-025 150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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CITY- ST- ZIP
☐ Change ☐ Addition

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 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: DANA R OATES Dana R Oates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-7 321 25P2345

Date

Daytime Phone #