


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P92000014925</b> 1. Entity Name MCCOY-AIRE, INC.	
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Principal Place of Business 4371 GOLDCOAST AVE. SPRING HILL, FL 34609	Mailing Address 4371 GOLDCOAST AVE. SPRING HILL, FL 34609
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02182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3156497	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SARABALIS, JOHN 4371 GOLDCOAST AVE. SPRING HILL, FL 34609
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**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 registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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	PSTD SARABALIS, JOHN 4371 GOLDCOAST AVE. SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOY, VERNON 7015 46TH AVE. W. #150 BRADENTON, FL 34210
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000000462060  
03/21/06-90021-001 150.00

**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:** John Sarabalis, Pres. **3-8-06** **1-727-847-520**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #