2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2008 8:00 am Secretary of State

DOCUMENT # P92000014925 1. Entity Name MCCOY-AIRE, INC.						01-29-2008	90020	039 ***15	50.00
Principal Place of Business Mailing Address 4371 GOLDCOAST AVE. 4371 GOLDCOAST SPRING HILL, FL 34609 SPRING HILL, FL					700-		1 		(33) # (32)
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01172008 Chg-P CR2E034 (12/06)				
City & State		City & State			4. FEI Number 59-3156497			Applied For Not Applicable	
Zip	Country	Zip	Coun	ntry	5. Certificate o	f Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	7. Name and Address of New Registered Agent Name							
SARABALIS, JOHN 4371 GOLDCOAST AVE. SPRING HILL, FL 34609				Street Address (P.O. Box Number is Not Acceptable)					
				City		 	FI	Zip Cod	e
	named entity submits this statement for ions of registered agent.	or the purpose of changing	its register	ea office or register	ed agent, or both	, in the State of Flo	rida. Lam	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agents	and trile if applicable. (f	NOTE: Registere	ed Agent signature required	when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Cam 00 Trust Fund C			.00 May Be ed to Fees				
10.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	11.		ADDITIONS/C	HANGES TO OFFI	CERS AN	D DIRECTORS	
TITLE NAME	PSTD Delete IIIIL SARABALIS, JOHN NAM			I				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	I			EET ADDRESS - ST - ZIP					
TITLE NAME	D MCCOY, VERNON	☐ Delete	THL					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	7015 46TH AVE. W. #150			eet address '-st-zip					
TITLE	BRADENTON, FL 34210 CITY Delote ML							Change	Addition
name Street address			NAM STRE	EET ADDRESS					
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Delete		-ST-ZP				IT 0	C Assista
NAME		L_1 Delete	TITL NAM	IE I				Change	Addition
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP					
TITLE NAME		Delete	TITL NAM	1				☐ Change	Addition
STREET ADDRESS CITY+ST-ZIP			STRE	EET ADORESSS '-S1-ZIP					
TITLE NAME		Delete	TITL	ļ				Change	☐ Addition
STREET ADDRESS			1	ET ADDRESS -ST-ZIP					
12. Thereby of indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and the owered to execute this rep	y for the exe at my signa ort as requi	emptions contained ture shall have the s	same legal effect	as if made under o	eath; that I	am an officer	or director
	\(\)	Oxela _ D.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		i -	75-3 X	١	111_ D	11
SIGNATURE: 1-25-08 1-127-847-5205 SIGNATURE AND TYPED OR PRINTED NAME OF STEINING OFFICER OR DIRECTOR Date Date Dayting Phone #									