

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000051762

1. Entity Name
ADVANCED AIR MID-AMERICA, INC.



Principal Place of Business
**6461 GARDEN RD
#102
RIVIERA BEACH, FL 33404**

Mailing Address
**6461 GARDEN RD
#102
RIVIERA BEACH, FL 33404**



02152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0503044

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHNEIDER, JOHN C ESQ.
1001 FLAGLER CTR
505 S. FLAGLER DR.
WEST PALM BEACH, FL 33401**

**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

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

(NOTE: Registered Agent signature required when re-appointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BELL, STEVEN
STREET ADDRESS	2278 TEACH RD
CITY-ST-ZIP	PALM BCH GARDENS, FL
TITLE	D
NAME	BELL, DALE L
STREET ADDRESS	4747 SQUARE LAKE DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL
TITLE	D
NAME	BELL, LARRY A
STREET ADDRESS	13076 RAYMOND DR
CITY-ST-ZIP	LOXAHATCHEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/20/07-80056-025 150.00

**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: x

Dale L Bell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07

5618458212

Date

Daytime Phone #