

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 24, 2006 08:00 AM
Secretary of State**DOCUMENT # P95000081180**1. Entity Name
ALL FLORIDA AIR INC.

Principal Place of Business

**608 FERN AVE.
HOLLY HILL, FL 32117-3361**

Mailing Address

**608 FERN AVE.
HOLLY HILL, FL 32117-3361****DO NOT WRITE IN THIS SPACE**

04192006 No Chg-P CR2ED34 (11/05)

4. FEI Number
59-3324102Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CUDDY, JAMES A
608 FERN AVE.
HOLLY HILL, FL 32117-3361****DO NOT WRITE
IN THIS SPACE**

7. 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.

(If not, Registered Agent signature req. and when (if necessary))

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**

TITLE	PO
NAME	CUDDY, JAMES A
STREET ADDRESS	1900 POINSETTIA DRIVE
CITY-STATE-ZIP	DAYTONA BEACH, FL 32124
TITLE	TSD
NAME	SHANE, VICKIE F
STREET ADDRESS	2 CLIFFVIEW LN
CITY-STATE-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**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 118, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESENTER 7 4-18-06

Date

Daytime Phone #