

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000081180

Entity Name: ALL FLORIDA AIR INC.

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1455 N US 1  
UNIT #120  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 250656  
DAYTONA BEACH, FL 32125 US

**New Mailing Address:**

FEI Number: 59-3324102

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHANE, VICKIE PD  
2 CLIFFVIEW LANE  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPTS  
Name: SHANE, VICKIE F  
Address: 2 CLIFFVIEW LN.  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D  
Name: SHANE, VICKIE F TSD  
Address: 2 CLIFFVIEW LN  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VICKIE SHANE

PD

03/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date