

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000001995

FILED  
Sep 17, 2012  
Secretary of State

**Entity Name:** ARCTIC AIR OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

2727 CLYDO ROAD  
SUITE 13  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

1433 ROMNEY ST  
SUITE 4  
JACKSONVILLE, FL 32211 US

**Current Mailing Address:**

PO BOX 50496  
TAYLOR J ALGARD III  
JACKSONVILLE BEACH, FL 32240 US

**New Mailing Address:**

PO BOX 8825  
CHARLTON L PARKS  
JACKSONVILLE, FL 32239 US

**FEI Number:** 59-3359065

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARKS, CHARLTON L  
2727 CLYDO ROAD  
SUITE 13  
JACKSONVILLE, FL 32207 US

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

PARKS, CHARLTON L SR  
1433 ROMNEY ST  
SUITE 4  
JACKSONVILLE, FL 32211 US

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: CHARLTON L PARKS

09/17/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PARKS, CHARLTON L SR  
Address: 3708 BUCKSKIN TRAIL W  
City-St-Zip: JACKSONVILLE, FL 32277

Title: STD  
Name: PARKS, CHERYL R  
Address: 3708 BUCKSKIN TRAIL W  
City-St-Zip: JACKSONVILLE, FL 32277

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: CHARLTON L PARKS

PD

09/17/2012

Electronic Signature of Signing Officer or Director

Date