

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90080 021 ***150.00

DOCUMENT # P96000051484

1. Entity Name
ALL WEATHER AIR INC.



Principal Place of Business
**39 EGLIN PKWY
#C
FT. WALTON BEACH, FL 32548 US**

Mailing Address
**PMB 298
548 MARY ESTHER BLVD.
FT. WALTON BEACH, FL 32548**

40053156



2. Principal Place of Business
510 Bob Sikes Blvd.

3. Mailing Address
510 Bob Sikes Blvd.

Suite, Apt. #, etc.

01092006 Chg-P CR2E034 (11/05)

City & State
FT. WALTON BEACH FL

City & State
FT. WALTON BEACH FL

Zip Country
32547 Okaloosa

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32547 Okaloosa

4. FEI Number
59-3392144

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CHAFFINS, MATTHEW K
34 MAPLES STREET
FORT WALTON BEACH, FL 32548**

7. Name and Address of New Registered Agent

Name
Matthew Chaffins

Street Address (P.O. Box Number is Not Acceptable)
510 Bob Sikes Blvd.

City
FT. WALTON BEACH FL

Zip Code
32547

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 **MATTHEW K CHAFFINS PRES 4-16-06**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CHAFFINS, MATTHEW K 34 MAPLE STREET FT. WALTON BEACH, FL 32548	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIBBSAR, STEVE 197 SW BAGGETT PL FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAFFINS, ERIC C 34 MAPLE STREET FT. WALTON BEACH, FL 32548	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERKINS, DAVID P 218 CHATEAUGAY ST. BUFFALO VALLEY, TN 38548	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **MATTHEW K CHAFFINS 4-16-06 850-244-2108**

Signature and typed or printed name of signing officer or director Date Daytime Phone #