

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000075112

1. Entity Name
 ALL AIR, INC.



Principal Place of Business
 4525 CAPITAL CIRCLE, N.W.
 SUITE J-5
 TALLAHASSEE, FL 32303 US

Mailing Address
 4525 CAPITAL CIRCLE NW
 SUITE J-5
 TALLAHASSEE, FL 32303



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3402780

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JACOBS, MERRILL L
 4525 CAPITAL CIRCLE, N.W.
 SUITE J-5
 TALLAHASSEE, FL 32303

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JACOBS, MERRILL L
STREET ADDRESS	2561 KEMP RD
CITY-ST-ZIP	HAVANA, FL 323339744
TITLE	VPST
NAME	JACOBS, JUANITA L
STREET ADDRESS	2561 KEMP RD
CITY-ST-ZIP	HAVANA, FL 323339744
TITLE	AVP
NAME	GRAMLING, LEON G
STREET ADDRESS	1509 GRAM LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerments.

SIGNATURE: *Merrill L. Jacobs*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05

Date Daytime Phone #