

**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
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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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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

U00000343525  
 04/29/05-80101-001 158.75

**DO NOT WRITE IN THIS SPACE**

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 #