

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90191 030 ***150.00

DOCUMENT # P97000039354

1. Entity Name
AIRON CORPORATION



Principal Place of Business
**17 E MELBOURNE AVE
MELBOURNE, FL 32901**

Mailing Address
**17 E MELBOURNE AVE
MELBOURNE, FL 32901**

2. Principal Place of Business - No P.O. Box #
129 W. HIBISCUS BLVD.

3. Mailing Address
129 W. HIBISCUS BLVD.

Suite, Apt. #, etc.
SUITE S

Suite, Apt. #, etc.
SUITE S

04162007 Chg-P CR2E034 (12/06)

City & State
MELBOURNE

City & State
MELBOURNE

4. FEI Number
59-3447666

Applied For
Not Applicable

Zip
32901

Country
USA

Zip
32901

Country
USA

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

6. Name and Address of Current Registered Agent

**O'BRIEN, JAMES M
1686 WEST HIBISCUS BLVD
MELBOURNE, FL 32901**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

G. ERIC GJERDE

APRIL 16, 2007

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
**DP
GJERDE, G. ERIC
17 E MELBOURNE AVE
MELBOURNE, FL 32901** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FRY, PAMELA KAY
17 E MELBOURNE AVE
MELBOURNE, FL 32901** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. ERIC GJERDE

Date

Daytime Phone #

4/16/07 321-821-9433