2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000070637

1. Entity Name
AIR TRUST, INC.



FILED
May 22, 2008 08:00 A
Secretary of State

Principal Place of Business

1661 BEACH BLVD. JACKSONVILLE, FL 32250 Mailing Address

1661 BEACH BOULEVARD JACKSONVILLE, FL 32250



DO NOT WRITE IN THIS SPACE

01242008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-3467951 Not Applied ble

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAFER, ELIOT J 10110 SAN JOSE BLVD. JACKSONVILLE, FL 32257 DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financi Trust Fund Contribution.	ng .	\$5.00 May Be Added to Fees	veca00051007
10. OFFICERS AND DIRECTORS				44 06/04/08+80056-015 159.00 m	
TITLE	D				100/04/08_20030_013 *00-00 U
NAME	GIBBS, KEITH A				
CIDEST ADDRESS 1661 REACH RIVE			1	t _e	

CITY-ST-ZIP JACKSONVILLE, FL 32250 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

DO NOT WRITE IN THIS SPACE

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:

STREET ADDRESS CITY-ST-ZIP

REANDTYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/08

Daytime Phone #