


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90205 015 \*\*\*150.00

<b>DOCUMENT # P97000104790</b> 1. Entity Name ERVIN AIR, INC.	
---	---

Principal Place of Business 11272 109TH LN N LARGO, FL 33778	Mailing Address PO BOX 8641 SEMINOLE, FL 33775
--	--

**DO NOT WRITE IN THIS SPACE**



02092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3482755	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  ERVIN, HAROLD H JR 11272 109TH LN N LARGO, FL 33778
--

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ERVIN, HAROLD H JR 11272 109 LANE N SEMINOLE, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ERVIN, HAROLD H JR 11272 109 LANE N SEMINOLE, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**  **PRES.** **4/30/06** **727.320.0011**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**HAROLD H ERVIN JR**