

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000030936	
1. Entity Name AIR DELUXE, INC.	

Principal Place of Business 300 SOUTH BAY ST BUNNELL, FL 32110	Mailing Address P.O. BOX 918 BUNNELL, FL 32110
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04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3503999	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

CLARK, MICHAEL D 300 SOUTH BAY ST BUNNELL, FL 32110
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

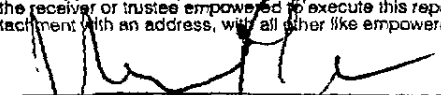
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, MIKE 300 SOUTH BAY ST BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYS, HUGH 482 QUARTERHORSE LANE BUNNELL, FL 32110
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/05/06-80089-005 150.00

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:  Michael Clark-President 4/20/06 386-672-3040