

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90021 030 ***158.75

DOCUMENT # P98000104399

1. Entity Name

AMERICAN DESIGN AIR, INC.



Principal Place of Business

6354 49TH STREET NO.
PINELLAS PARK FL 33781

Mailing Address

8851 - 110TH STREET
SEMINOLE FL 33772

2. Principal Place of Business - No P.O. Box #

14505 40 ST. N.

3. Mailing Address

8851 110 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)



City & State

CLW, FL. 33760

City & State

Seminole FL

4. FEI Number

59-3546750

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

33760

Pinellas

33772

Pinellas

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOPKINS, CHARLOTTE A
8851 - 110TH STREET NORTH
SEMINOLE FL 33772

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HOPKINS, CHARLOTTE A
STREET ADDRESS 8851 - 110TH STREET NORTH
CITY- ST- ZIP SEMINOLE FL 33772

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charlotte Hopkins Charlotte A Hopkins 1/31/08 727-538-8127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #