

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2006 08:00 A
Secretary of State

DOCUMENT # P99000001901

1. Entity Name
BUBBA AIR, INC.



Principal Place of Business
**3039 S.E. HWY. 70
ARCADIA, FL 34266**

Mailing Address
**3039 S.E. HWY. 70
ARCADIA, FL 34266**



05122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3550278	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHLUNDT, MARK
3039 SE HWY 70
ARCADIA, FL 34266**

**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, typewritten or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KRATZER, MATTHEW
STREET ADDRESS	4071 LEAMARIE DRIVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	D
NAME	SCHLUNDT, MARK
STREET ADDRESS	1875 CITRON ST.
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980
TITLE	D
NAME	CHRISTOPHERSON, CHARLES
STREET ADDRESS	1102 HARBOUR GREEN
CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	D
NAME	HARRISON, CHARLES W
STREET ADDRESS	821 W. IMOGENE ST.
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	D
NAME	HARRISON, CHARLES W JR
STREET ADDRESS	5645 S.E. TAYLOR AVE.
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/06-80091-007 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #