

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000045917

Entity Name: AIR TECHS OF VOLUSIA, INC.

FILED
Mar 03, 2007
Secretary of State

Current Principal Place of Business:

1804 BAYVIEW DR.
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

P O BOX 1266
NEW SMYRNA BEACH, FL 321701266

New Mailing Address:

FEI Number: 59-3580143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOKIN, RICHARD E
1804 BAYVIEW DR.
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KOKIN, RICHARD E
Address: 1804 BAYVIEW DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: GALLANT, IAN A
Address: 103 MARINERS DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KOKIN, JEREMY R
Address: 1804 BAYVIEW DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEREMY R KOKIN

D

03/03/2007

Electronic Signature of Signing Officer or Director

_____ Date