

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90115 001 \*\*\*150.00

<b>DOCUMENT # S24977</b> 1. Entity Name <b>AIR-GLO INC.</b>					
Principal Place of Business <b>3133 W. KENNEDY BLVD.</b> <b>TAMPA, FL 33609</b>			Mailing Address <b>C/O WALTER SANDERS</b> <del>3355 BEARSS AV</del> <b>16528 N. Dale Mabry Hwy</b> <b>TAMPA, FL 33618</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>16528 N. Dale Mabry Hwy</b> Suite, Apt. #, etc.		
City & State City: <b>Tampa</b> , State: <b>FL</b>			4. FEI Number <b>59-3163785</b>		
Zip <b>33618</b>			Country <b>U.S.</b>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent <b>SANDERS, WALTER</b> <del>3355 BEARSS AV</del> <b>16528 N. Dale Mabry Hwy</b> <b>SUITE ONE</b> <b>TAMPA, FL 33618</b>			7. Name and Address of New Registered Agent Name: <b>Walter Sanders</b> Street Address (P.O. Box Number is Not Acceptable): <b>16528 N. Dale Mabry Hwy</b> City: <b>Tampa</b> , State: <b>FL</b> , Zip Code: <b>33618</b>		
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: <u>Walter Sanders</u> <u>Walter Sanders</u> DATE: <u>2/20/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLOVER, RICHARD G. 4231 BEECHWAY DR TAMPA, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GLOVER, JULIA 3133 W. KENNEDY BLVD. TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Julia Glover</u> <u>Julia Glover</u> DATE: <u>3/8/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					