



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # V22299 1. Entity Name SPECIALTY AIR, INC.	
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Principal Place of Business 4523 30TH ST WEST A 103 BRADENTON, FL 34207	Mailing Address 4523 30TH ST WEST A 103 BRADENTON, FL 34207
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**DO NOT WRITE IN THIS SPACE**



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0281703	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

MARTIN, JAMES  
3506 SOUTHERN PARKWAY  
BRADENTON, FL 34205

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000797380  
 01/29/08-80071-017.150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, JAMES D. 3506 SOUTHERN PARKWAY BRADENTON, FL 34205
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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: *James D Martin* **JAMES D Martin** 1-22-08 941 739 0544  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #