## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

## FILED Jan 17, 2006 08:00 AM Secretary of State

DOCUMEN I # V53821  1. Entity Name SMYRNA AUTO AIR, INC.					Secreta	ry of State
Principal Place of Business Mailing Address 646 N. DIXIE FREEWAY PO BOX 1631 NEW SMYRNA BCH, FL 32168 US NEW SMYRNA BCH, FL 32170			1-1631 US			
		<u> </u>				
DO NOT WRITE IN THIS SPA			CE	01042006	No Chg-P	CR2E034 (11/05)
				4. FEI Number 59-31453	394	Applied For Not Applicable
	and the second s		r en ellant	5. Certificate of	<del>`                                    </del>	\$8.75 Additional Fee Required
	6. Name and Address of Current Regi	stered Agent				<u></u>
HIKEC, THOMAS E. 1716 ROYAL PALM DR EDGEWATER, FL 32132			DO NOT WRITE IN THIS SPACE			
	e named entity submits this statement for the tions of registered agent.  Sonaure, typed or printed name of registered agent and this		red office or register  ### Agent signature requires	· <del> : •</del>	in the State of Florida	l am familiar with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Fina. Trust Fund Contribution.		.00 May Be led to Fees		
10.	OFFICERS AND DIRE	CTORS	1			
NAME STREET ADDRESS CITY-ST-ZIP	DPS HIKEC, THOMAS E. 1716 ROYAL PALM DR EDGEWATER, FL				/ #30000c555c	itot
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HIKEC, THOMAS E. 1716 ROYAL PALM DR EDGEWATER, FL	1 a		ű	11/19/06-800 11/19/06-800	1181 168-023 150.00
NTLE NAME STREET ADDRESS CITY-ST-ZIP				-	NOT WR	
NAME STREET ADDRESS CITY -37 -ZIP				IN T	HIS SPA	CE
TITLE NAME STREET AODRESS						

12. Thereby certify that the information supplied with this filling 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 it 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR SIGNANG OFFICER OR PRINTED NAME OF SIGNANG OFFICER OR PRINTED NAME OF SIGNANG OFFICER OR SIGNANG OFFICER OR SIGNANG OFFICER OR SIGNANG OFFICER OR SIGNANG OFF