

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F77417

**Entity Name:** AIR POWER PLUS, INC.

**Current Principal Place of Business:**

4095 SE 45TH CT UNIT 2  
OCALA, FL 34480

**Current Mailing Address:**

4095 SE 45TH CT UNIT 2  
OCALA, FL 34480 US

**FEI Number:** 59-2179695

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BODINE, TYRONE PRES  
4095 SE 45TH CT UNIT 2  
OCALA, FL 34480 US

*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

**Officer/Director Detail :**

|                 |                        |                 |                        |
|-----------------|------------------------|-----------------|------------------------|
| Title           | PRES                   | Title           | VP                     |
| Name            | BODINE, TYRONE         | Name            | BODINE, APRIL          |
| Address         | 4095 SE 45TH CT UNIT 2 | Address         | 4095 SE 45TH CT UNIT 2 |
| City-State-Zip: | OCALA FL 34480         | City-State-Zip: | OCALA FL 34480         |

*I hereby 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 all other like empowered.*

**SIGNATURE:** TYRONE BODINE

**PRESIDENT**

**04/05/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date