


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90006 035 ***150.00

DOCUMENT # P03000114031

1. Entity Name
AIR MCCALL, INC.



Principal Place of Business | Mailing Address

**3200 LENOX AVE., SUITE 4
 JACKSONVILLE, FL 32205** | **3200 LENOX AVE., SUITE 4
 JACKSONVILLE, FL 32205**

44050816



2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

07032004 Chg-P CR2E034 (10/03)

4. FEI Number
41211937 | Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STALTER, DAVID A
 3200 LENOX AVE., SUITE 4
 JACKSONVILLE, FL 32205**

7. Name and Address of New Registered Agent

Name
CARL W. ASHAUER

Street Address (P.O. Box Number is Not Acceptable)
11414 SCOTT MILL RD.

City
JACKSONVILLE | FL | Zip Code
32223

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: CARL W. ASHAUER Carl W. Ashauer | DATE: 7/2/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	STALTER, DAVID A	3112 MOHAVE WAY	JACKSONVILLE, FL 32259	<input type="checkbox"/>
D	STALTER, DOROTHY	3112 MOHAVE WAY	JACKSONVILLE, FL 32259	<input type="checkbox"/>
D	ASHAUER, CARL W	11414 SCOTT MILL RD.	JACKSONVILLE, FL 32223	<input type="checkbox"/>
D	ASHAUER, SARA	11414 SCOTT MILL RD.	JACKSONVILLE, FL 32223	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P				<input type="checkbox"/>	<input checked="" type="checkbox"/>
V				<input type="checkbox"/>	<input checked="" type="checkbox"/>
T S				<input type="checkbox"/>	<input checked="" type="checkbox"/>
V				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: CARL W. ASHAUER Carl W. Ashauer | DATE: 7/2/04 | DAYTIME PHONE #: (904) 981-9998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR