


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90100 017 ***150.00

DOCUMENT # P93000071599

1. Entity Name
COMMERCIAL AIR MANAGEMENT, INC.



Principal Place of Business
 11000 METRO PKWY.
 STE 30
 FT MYERS, FL 33912 US

Mailing Address
 11000-28 METRO PKWY.
 FT MYERS, FL 33912 US



2. Principal Place of Business <i>11000 metro Pkwy</i>	3. Mailing Address <i>11000 metro Pkwy</i>
Suite, Apt. #, etc. <i>STE 27</i>	Suite, Apt. #, etc. <i>STE 27</i>
City & State <i>Fort Myers, FL</i>	City & State <i>Fort Myers, FL</i>
Zip <i>33912</i>	Country <i>US</i>

02122004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0443866	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent	
Name ELLIS, JON R	
Street Address (P.O. Box Number is Not Acceptable) 5893 ELIZABETH ANN WAY	
City FORT MYERS, FL	
Zip Code 33912	

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 _____ DATE _____
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
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELLIS, JON R		NAME ELLIS, JON R	
STREET ADDRESS 7210 FALCON CREST CT		STREET ADDRESS 5893 ELIZABETH ANN WAY	
CITY-ST-ZIP FORT MYERS, FL 33908		CITY-ST-ZIP FORT MYERS, FL 33912	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELLIS, M S		NAME ELLIS, M S	
STREET ADDRESS 7210 FALCON CREST COURT		STREET ADDRESS 5893 ELIZABETH ANN WAY	
CITY-ST-ZIP FORT MYERS, FL 33908		CITY-ST-ZIP FORT MYERS, FL 33912	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* DATE: *2/18/04* DAYTIME PHONE: *872 4193*